# HISTORY OF INDIGENOUS SYSTEM OF MEDICINE IN TAMIL NADU (1900 – 2000) WITH SPECIAL REFERENCE TO THE SIDDHA MEDICINE

**THESIS**

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**DOCTOR OF PHILOSOPHY**

***By***

**K. VEERAMANI, M.A.,**



**DEPARTMENT OF HISTORY (IDE)**
**UNIVERSITY OF MADRAS**
**CHEPAUK**
**CHENNAI - 600 005**

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**Dr. C. BALAKRISHNAN,**
**M.A., M.Phil., Ph.D.**
**Professor of History**
**Institute of Distance Education**
**University of Madras**
**Chepauk, Chennai - 600 005.**



**Off: 044-25393347/25393354**
**Res: 044-24421220**

# CERTIFICATE

This is to certify that this thesis entitled **"HISTORY OF INDIGENOUS SYSTEM OF MEDICINE IN TAMIL NADU (1900 – 2000) WITH SPECIAL REFERENCE TO THE SIDDHA MEDICINE"** submitted by **K. Veeramani**, Research Scholar, Department of History, IDE, University of Madras, Chepauk, Chennai – 600 005 for the award of Degree of Doctor of Philosophy of University of Madras, is the result of his original work done during the period of November 2001 to November 2005 under my guidance and supervision. This work has not formed the basis for the award of any degree diploma or associateship of this University or any other University at previous occasions.

Place: Chennai
Date : 09.11.2005

**Dr. C. BALAKRISHNAN**
Guide and Supervisor

Dr. C. BALAKRISHNAN,
M.A., M.Phil., Ph.D.,
Professor of History, Dept. of History,
I.C.E., University of Madras,
Chennai-600 005.

**K. VEERAMANI**
Research Scholar
Department of History
Institute of Distance Education
University of Madras
**Chepauk, Chennai – 600 005.**

# DECLARATION

I, **K. VEERAMANI** hereby declare that this thesis entitled **"HISTORY OF INDIGENOUS SYSTEM OF MEDICINE IN TAMIL NADU (1900 – 2000) WITH SPECIAL REFERENCE TO THE SIDDHA MEDICINE"** submitted by me for the award of degree of Doctor of Philosophy of University of Madras, is the result of my original work carried out under the guidance and supervision of **Dr. C. BALAKRISHNAN, Professor of History**, Institute of Distance Education, University of Madras, Chepauk, Chennai – 600 005, during the period of November 2001 to November 2005. This work has not been submitted for the award of any other degree, diploma or associateship of this University or any other University at previous occasions.

Place: Chennai
Date : 09.11.2005

**(K. VEERAMANI)**

# CONTENTS

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**(K. VEERAMANI)**

# LIST OF ABBREVIATIONS

| | | |
|---|---|---|
| AAGHIM | - | Arignar Anna Government Hospital of Indian Medicine |
| AIDS | - | Acute Immune Defficiency Syndrome |
| AIIMS | - | All India Institute of Medical Sciences |
| ASU | - | Ayurveda, Siddha and Unani |
| CCRAS | - | Central Council for Research in Ayurvedha and Siddha |
| CCRUM | - | Central Council for Research and Unani Medicine |
| CMA | - | Chennai Metropolitan Area |
| CRIM | - | Central Registrar of Indian Medicine |
| CRIS | - | Central Research Institute for Siddha |
| CUA | - | Chennai Urban Agglomeration |
| DCC | - | Drug Central Cell |
| DGIMER | - | Postgraduate Institute of Medical Education and Research |
| GSMCH | - | Government Siddha Medical College and Hospital |
| HCRP | - | Health Care Research Programme |
| HIV | - | Human Immuno Deficiency Virus |
| ICMR | - | Indian Council of Medical Research |
| ICSSR | - | Indian Council for Social and Scientific Research |
| IMCC | - | Indian Medicine Central Council |
| IMPCOPS | - | The Indian Medicinal Practitioners Cooperative Pharmacy and Stores |
| ISM & H | - | Indian System of Medicine and Homeopathy |
| ISM | - | Indian System of Medicine |

| | | |
|---|---|---|
| NFUM | - | National Formulatory of Unani Medicine |
| NIS | - | National Institute of Siddha |
| PLIM | - | Pharmacopoeial Laboratory for Indian Medicine |
| TKDL | - | Traditional Knowledge Digital Library |
| TAMPCOL | - | Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited |
| UNICEF | - | United Nation International Child Emergency Fund |
| UPI | - | Unani Pharmacopoeia of India |
| WHO | - | World Health Organization |

# Introduction

# INTRODUCTION

Health measures, in addition to food and better shelter, especially in underdeveloped countries aim at the enhancement of the quality of human resources.[1]

It is an undenying fact that the improvement in health would make a positive impact on economic development. "Better health can increase the number of potential man hours for production by reducing morbidity and disability as well as by reducing mortality. Better health may result in more productivity per man as well as more men available for work".[2]

Thus the enhancement of health is a constitutive part of development. Good health is an integral part of good development. Healthy people can easily earn more income and people with a higher income can more easily seek medical care, have better nutrition and have freedom to lead healthier lives. The enhancement of good health can be helped by a variety of actions including public policies such as provision of medical care.

**Amartya Sen** emphasises that even when an economy is poor major health improvements can be achieved through using the available resources in a socially productive way.[3]

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1 T.W. Schutz, ***Investment in Human Capital***, American Economic Review, (NY, USA, 1961), Vol.51, p.17.

2 Fuchs, R. Victor, ***Who shall Live Health Economics and Social Choice***, (New York, USA, 1974), p.5.

3 Amartya Sen, ***Health in Development***, Keynote address to the Fifty Second World Health Assembly (Geneva, 18 May 1999), p.77.

**Definition of Traditional Medicine**

The **World Health Organisation (Constitution)** says **"health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".** This concept of health, then, is not strictly physiological. It includes factors other than pathology and suggests latitude in definition from country to country. The very idea of traditional health medicine implies a connection between the natural and social sciences. The goals of **traditional medicine** are social i.e. to promote health, prevent disease, and treat illness in order to maintain or assist individuals in their adjustment to society. There are several definitions and interpretations of the term **"traditional medicine".** The most comprehensive is the one where the **World Health Organisation (1978)**[6] has defined it as **"the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively of practical experience and observations handed down from generation to generation, whether verbally or in writing".**

"Health for All" means simply the realisation of WHO's objective of the "attainment by all peoples of the highest possible level of health" and that will permit them to lead a socially and economically productive life.[7] "Health for all" is therefore not a single, finite target; it is a process leading to progressive improvement in the health of people.

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6 World Health Organization, ***The Promotion and Development of Traditional Medicine***, (Geneva, 1978), p.96.

7 World Health Organization, ***Global Strategy for Health for All by the Year 2000***, WHO (Geneva, 1981), p.99.

To attain such a level of health, every individual should have access to primary health care through the active participation of the traditional health care systems. Traditional health care systems play a vital role to promote a state of well-being. Well-being is the intersect of several sets; good physical health, sound mental health, happy interpersonal relationships, concern for a larger good, connectedness to all living things and an awareness of the space beyond.

The state of well-being has three aspects - physical, mental and social, but without the first, the other two are unattainable. They agree that physical fitness is very important to be mentally responsive.[8] It is equally important to have healthy pursuits to recharge our mind. Sometimes the person's belief is as effective as the treatment itself.[9] Therefore, the power of the mind over the body is indisputable.

The important precepts of indigenous medicine are the right diet, proper use of sensory organs, acting with forethought, a liberal mind, equanimity in dealing with things good or bad and speaking the truth. Though these sound more like a moral instruction class than a treatise on medicine, they form the central principle in traditional systems of medicine. These cannot be looked at in isolation. Prevention of diseases is the cardinal principle that the ancient Indian system of Medicine, Ayurveda and Siddha swear by.[10]

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8 Srinidhi Chidambaram and Shrinivas K. Rao, ***It's a State of Mind***, **The Hindu**, 8th September, 2000 folio on Well being (Chennai, 2000), p.9.

9 S. Anandalakshmy, ***Being well, Becoming Better***, **The Hindu folio on well beings** (Chennai, 2000).

10 V.P. Siddhan, ***Ayurveda in the New Millennium***, in the proceedings of the International Congress - Ayurveda 2000 (Chennai, 2000), p.58.

Another system Reiki insists on the universal aspects such as total health, total happiness and total success at all levels. It prescribes certain code of ethics to solve the problems of many disturbances such as fear, anger and hatred. Reiki prepares the patients to maintain a perfect balance - physical, mental and emotional - and feeling/being happy, healthy, energetic and feeling positive at all the times.[11] The popular health practice in India, Yoga, emphasises both the prevention of disease as well as treatment. The main aspect of yoga is to put the person at ease, give all psychological comfort and work on the same mental and emotional level, and create a happy interpersonal relationship.[12] Even popular journalism tells us that worry, hurry and curry will result in ulcers, hypertension or cardiac problems. Today in many clinics across the world counseling about life style is part of the treatment package. Nevertheless, the focus is on the body, diet and sleep. Western Europe has begun to turn to alternative forms of medicine, preferably those that have a holistic approach to the human condition which is rooted in traditional systems of medicine.

**A Brief Note on the History of Medicine in India**

A comprehensive view of the historical development of the health systems in India is essential for better understanding of the current health perspectives. Medicine is as old as humankind; and the science of medicine, like any other form of knowledge, is better appreciated from the records of its evolution. The primitive man, and even the lower animals, instinctively found

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11 Sukumaran, ***Being Well, Becoming Better***, **The Hindu**, 21st August, 2000 folio on well being (Chennai, 2000), p.8.

12 T.K. Desikachari, ***Yoga : Surgery Sans Instruments***, Health folio, **The Hindu**, 27th September, 1998 (Chennai, 1998), p.38.

treatment for all their ailments and injuries. As the mind of man matured, the archaic medicine became a combination of religious and magical views and practices. Thus, in the ancient civilizations, extending from the Indus to the Nile, where religion formed an important part of their daily life, disease was considered as a punishment from the heavenly bodies, the spirits, the demons and the witches. This led to the creation of various gods, demigods and mythical heroes, who probably had an earthly existence; and the powers to protect the people against evil and cure their ills were attributed to them. The antiquity of achievements of the Hindus in analytical and creative thought is universally acknowledged. But skepticism still persists in many a mind with regard to our achievements in the natural sciences in ancient times, even when it is conceded that the genius of any race is indivisible and its accomplishments in any field of human endeavors are closely related to its spirit of analytical thinking and creative activity. This skepticism is partly due to the fact that the sacred lore, which also encompasses the Indian scientific thought, was transmitted from man to man, and finally when it was put down on parchment, the self-renouncing sages dedicated all their works to their ancient predecessors, whether mortal, mythological or immortal. Establishing the chronology of our ancient and medieval texts has been beset with difficulties - at times insurmountable. The only way, therefore, left to us to ascertain the period in which a particular text was originally composed, is the internal evidence available in the text itself and its various commentaries written during later periods. This varies with the different scholars. These, at times, have been governed by consideration other than the objective approach based on sound philological principles. Medicine began to make progress with the onset of

civilization, and the beginnings of health sciences could be traced from the civilizations of Ancient India, Mesopotamia, Egypt and China.[13]

Like, the Political History of India, History of medicine in India can be categorised according to the following periods - Pre-Aryan, Vedic, Secular Hindu Medicine, Dravidian, Greece-Arabic or Muslim, British and Post-Independence.

## Pre-Aryan Period

Many centuries before the advent of the Aryans into the Indus Valley, civilization flourished in this region, as evidenced by the excavations in Mohan-Jo-Daro in Sind, Harappa and other minor sites, which was closely related to the civilization of Elam, Sumer, and Crete. In the absence of any literary records of that period, one can only deduce from the archeaological findings the kind of medicine the Indus Valley people practised in the fourth millennium B.C. Like other civilizations of the same period, their medicine must have been a combination of magical and religious practices. A few substances have been found in the ruins, which form a part of the Ayurvedic pharmacopoeia even today and were probably used as drugs during those times. The public health facilities found in the ruins of the Indus Valley cities far surpass those found in the ruins of other ancient civilizations and indicate the high level of their achievement in the field of health and medicine.[14]

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13 S.L. Bhatia, ***Evolution of Medicine***, D.V.Subba Reddy (ed), Indian Journal of History of Medicine (Hyderabad, 1957), pp.99-102.

14 Anna M. Kunte, ***Revised and Collated, Ashtangahradaya Samhita of Vagbhatta : A Compendium of the Hindu System of Medicine?*** Composed by Vagbhatta, with the Commentary of Arundath, Vol.II (Bombay, 1980), pp.140-147.

**Vedic Period**

When the Aryans entered the Indus Valley, they brought with them their gods and medical knowledge too. However, there is definite evidence to show that many elements of the Indus Valley culture were taken over and assimilated by them. The chief sources of the Aryan culture and medicine are the four *Vedas*. These have been originally revealed by the creator, Brahma, to the sages some six thousand years before Christian era, according to Indian traditions. The Western scholars, barring a few, believe that the oldest *Veda* was compiled during the second millennium B.C. The *Rig Veda*[15] is considered by most of the scholars as the original source of Hindu medicine, and is comprised of hymns and prayers addressed to different deities whose medical and surgical skills are also extolled. The *Sama Veda,*[16] and the *Yajur Veda* are closely related to the *Rig Veda* and contain many hymns derived from the latter. These consist of collections of sacrificial prayers and ritual texts. But, the *Atharva Veda,*[17] which was composed at a later date, is replete with prayers, incantations, spells and charms to protect people against all kinds of disease and natural disasters. It is to this *Veda* and to the practices provided by another later work of the *Atharva Veda*, the *Kaushika Sutra*, that we are indebted for our knowledge of medicine during the *Vedic* period. The texts of the *Vedas* were later organised into encyclopedic *Samhitas* and commentaries were written and attached to each of these texts. Even in these purely religious texts, we find a reflection of anatomical, physiological, pathological, psychological and therapeutic views,

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[15] H.H. Wilson, Translated ***Rig Veda Sanhita***, Ashtekar and Co. (Poona, 1925), p.28.

[16] R.T.H. Griffith and E.J. Lazarus, ***The Hymns of the Sama Veda*** (Benares, 1926), pp.77-81.

[17] R.T.H. Griffith and E.J. Lazarus, ***Translated in English Atharva Veda***, Vol.III (Benares, 1961), pp.156-159.

psychological functions, that is, vayu - nerve force; pittam - metabolism (synonymous with heat); and Kapha - the fluid that fills into cellular spaces, the Ayurvedic medicine considered health to be a state of physical and mental well - being.[19] Herbs and other medications were used to relieve pain and to remove discomfort from the body of the patient.

**The Dravidian South**

As every tiro in Indian History knows that, prior to the Aryan migration, the Dravidians were the first inhabitants of India of whom the Tamilians were the most prominent.[20] The Tamils, belonging to the Southern sub-continent of India, made a study of nature and its elements and developed a systematised system of medicine, which is known as the Siddha System of Medicine. In the principle of Siddha, the human being is a miniature imitation of the universe. The human body contains all the properties that are found in the universe, and whatever is in the universe are found in the human body. The five gross elements of the Universe are earth, water, fire, air and ethereal parts of the sky. These factors constitute the basic element of the human body. The practitioners of Siddha have discovered that the human body is composed of five elements in the following ratio:

Earth - bone, flesh, nerves, skin and hair - (1• parts);

Water - bile, blood, semen, secretion and sweat - (1• parts);

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[19] Grewal, Royina, ***Ancient Indian Medicine***, The Indian Magazine, Vol.II (Delhi, 1982), pp.18-21.

[20] T.V. Sambasivam Pillai, ***Introduction to Siddha Medicine Directorate of Indian Medicine and Homeopathy*** (Madras, 1993), pp.3, 19, 21.

Fire - hunger, thirst, sleep, beauty and indolence - (1 part);

Vayu (Air) - contraction, expansion and motion - (3/4 part);

Akasa (Ether) - interspaces of the stomach, heart, neck and the head-(• part).

In this five-fold combination, changes in these proportions will lead to either growth or decay in the body.[21] This is what is called the theory of ***Panchakaranam***. In fact, Panchakaranam is the operation of the above five elements in the human body. Besides these five bodily components, life in a human body depends on the presence of normally functioning sense organs and of the mind and the soul. According to Siddhars Science, the three humours in their normal order occupy respectively the lower, middle and upper parts of the body and maintain their integrity - the Vayu in the regions of the pelvis and the rectum; the Pittam in the region of the stomach and the internal viscera and the Phlegm in the region of the breath, throat and head. It is also said that the characteristics of the three humours in the constitution of man is either hereditary or atavism. In scientific parlance, Vayu comprehends all the phenomena which come under the functions of the central and the sympathetic nervous system; Pitta, the functions of thermo-genesis or heat-production, metabolism within its limits, the process of digestion, colouration of blood, excretion and secretion etc. and Kapha, the regulation of the heat and the formation of the various preservative glands. Thus, we see that the Indian medical science is based on *morbific diathesis*; and that human dispositions are inseparable from these three humours. In fact, there is no substance in the

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[21] Jayaraman and Rajam, ***Siddha and Siddha Medicine***, Vivekananda Kendra partika, Vol.12 (Chennai, 1983), pp.72.

universe, which does not own its formation to humours in large or small degree.[22] The Siddha system is a complete system of medicine, which forms a part and parcel of the ancient Indian system of medicine or the indigenous system of medicine. This system aimed at keeping the body and mind in a perfect condition.[23]

## Medieval Period

With the coming of the Arabs, Turks and Mughals to India in the mediaeval period, *Unani*, a system of medicine, which originated in Greece, was brought to India. The golden age of the Arabic medicine falls between the 8th and 13th century. In India, during the 13th century, the first medical book on Greeco-Arab medicine was a Persian translation of *Kitab-al-saodama* by Alberuni.[24] In the 17th century, the Muslim kingdoms of India maintained the medical practice and the medical literature of the 15th and 16th century. Unani system recognises the influence of surroundings and ecological conditions on the state of health.

## British Period

By the time when the British rule started in India there were three major indigenous systems of medicine practiced namely, **Siddha, Ayurveda** and

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22 T.V. Sambasiva Pillai, ***Introduction to Siddha Medicine***, Directorate of Indian Medicine and Homeopathy (Madras, 1993), pp.3, 19, 21.

23 V.R. Madhavan, ***Siddha Medical Manuscripts in Tamil*** (Delhi, 1984), p.2.

24 D.V. Subba Reddy, ***The Origin and Growth of Indigenous Unani Medical Literature in Medieval India***, Indian Journal of the History of Medicine, Vol.XIV (Hyderabad, 1967), pp.142-148.

**Unani**. During the British rule in India allopathy had been introduced and the indigenous medical systems did not find encouragement. Every facet of Indian life, including the medical and public health services underwent changes. Banerji has presented a systematic analysis of the impact of the rule of Imperial British Government on the Indian systems of medicine.[25] Western medicine was introduced in India in the later half of the eighteenth century principally to serve the British colonial aims and objectives. Medical services were needed to support the British army and British personnel living in India. The first medical colleges were started in 1835 in Bengal and Madras. After the Wood's Despatch of 1854 Medical Education received importance at the University level. The benefits of Western services were available to a selected segment of the population living in urban areas till the first half of the 20th century.

The first "Health Survey and Development Committee" popularly known as the **Bhore Committee** was set up by the British Indian Government in 1943 to draw a blue-print of health services for the post-war British India. It had shown exceptional vision and courage to make some very bold recommendations. They include development of an elaborate health service system for the country, giving key importance to preventive aspects with the countryside as the focal point **(Health Survey and Development Committee Report, Government of India, 1946).**

**Post-Independence Period**

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[25] D. Banerji, ***Social, Cultural Foundations of Health Services System***, Economic and Political Weekly (Delhi, 1974), pp.131, 134, 139.

When India achieved her Independence in 1947, the Government of independent India realised that only the health needs of the urban people received the maximum attention under the British Rule. However, actually, even in the urban areas, the health institutions were too small a number to meet the health needs of the urban population. On the other hand, in the rural areas, the people could not make the best use of the services rendered by the modern system of medicine. It was because the hospitals and dispensaries were centralised at the State Capitals. The vast rural population still relied upon the indigenous system of medicine.

The Government of India decided to plan health services in accordance with the Bhore Committee's recommendations for the establishment of the Primary Health Centres (PHC) for making medical and health services available to the rural and sub-urban areas, where many practitioners of the indigenous system of medicine looked after most of the medical and health needs of the rural, sub-urban and poor people.

The Government of India appointed a committee on the Indigenous Systems of Medicine under the chairmanship of Col.R.N.Chopra. It was to provide guidelines for the inclusion of practitioners of Indian medicine on official boards and councils. The **Chopra Committee's Report (1948)** suggested synthesis of the Indian and Western systems through integrated teaching and research.[26] The committee envisaged a 2-tier integrated medical care system, which would involve indigenous practitioners with 6 months

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[26] Chopra Committee, ***Committee on the Indigenous System of Medicine***, Report, Government of India, Ministry of Health (New Delhi, 1948), pp.121-127.

training at the primary level and institutionally qualified (in integrated medicine) persons at the secondary level. In general, the post-Independence period is marked by State and Central Government patronage to the professionalization of the Indian Systems of Medicine, particularly with regard to education, regulation of practice and research. The ministry of Health and Family Welfare in India established various councils like Indian Medical Council and the Central Council of Indian Medicine.[27]

The Central Council of Indian Medicine was constituted as a statutory body in 1971 under the Indian Medicine Central Council Act, 1970 (vide Govt. of India Gazette Notification Extraordinary Part II Section 3(ii) dated 10.8.71). It was reconstituted in 1984 and 1995. The main objects of the Central Council are as under:-

i. To prescribe minimum standards of education in Indian Systems of Medicine viz. Ayurveda, Siddha and Unani.
ii. To advise the Central Government in matters relating to recognition/ withdrawal of recognition of medical qualifications in Indian Medicine.
iii. To maintain a Central Register of Indian Medicine and revise the Register from time to time.
iv. To regulate the practice in Indian Medicine and prescribe standards of professional conduct, etiquette and code of ethics to be observed by the practitioners.

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[27] D.N. Karkar, ***The Development of Health Care System in India - AM Appraisal***, The Journal of Family Welfare, Vol.XXIX (Delhi, 1982), pp.70-82.

The renewed interest in the indigenous systems of medicine has led to the formation of four Research Councils, viz.

i. Central Council for Research in Ayurveda and Siddha (CCRAS);

ii. Central Council for Research in Unani Medicine (CCRUM);

iii. Central Council for Research in Homeopathy (CCRH);

iv. Central Council for research in Yoga and Naturopathy (CCRY&N). These bodies initiate and guide, develop and coordinate scientific research in different aspects of respective systems both fundamental and allied. These Councils are the Apex bodies for research in the concerned systems of medicine and are fully financed by the Government of India. These councils encourage research activities, undertake periodic reviews and disseminate research findings for the benefit of educationist, research physicians, manufacturers and the common man (Annual Report, 1999-2000).

**Importance of Indigenous Systems of Medicine**

Recently we see there is a boom in various systems of traditional medicine in India. More and more patients are opting for Indian systems of medicine. We find a number of articles and stories in the leading news-papers and magazines, which is evident of its popularity. A renewed interest is now found in this system of medicine that lacked state encouragement and patronage due to the growing popularity of Allopathy. However, after decades of serious obsession with the modern medicine system that came from the west, in India as elsewhere on the globe, people have started looking at their ancient systems again. The most important reason causing interest in Indian medicine, has been

the increasing side effects of allopathic medicine and people are getting afraid of such effects. The second most important consideration especially in the context of the third world or developing countries like India is that the high-tech medical services involve spiraling cost under the allopathic medicine. The third reason is that when people are frustrated and not getting the desired cures of their ailments from the allopathic medicine they look for some alternative forms of healing that will bring solace and relief. Hence, an interest in Indian medicine is seen.

Besides the above primary reasons, there are some subsidiary or secondary reasons for the growing popularity of the Indian medicine such as:

a) In many societies, especially in rural areas, there are cultural links to the traditional medical systems. Hence, it is easier for the rural folk to accept it.

b) The simplicity of these practices also attracts people.

c) Some Individuals have religious or philosophical aversion to certain western medical practices.

**Salient Features of Indian Systems of Medicine**

The three Indian systems of Medicine **Siddha, Ayurveda and Unani** have their own features and merits. There are some common features which differentiate them from modern medicine.

1) It considers the health of a person as well- being in its physical, mental, social and spiritual planes whereas modern medicine

treats the body as a machine i.e. main emphasis is laid upon the physical aspects of life. Now-a-days it has been established that there is a certain link between the various dimensions of life. Mental, social and spiritual arenas have its definite role on the physical human body. Hence, to achieve permanent cure and to maintain good health one has to re-adjust the other aspects of human life too. Health is defined as a state of physical well being, mental alertness, socially adjusted, and spiritually developed.

2) Indian systems of medicine stress upon the maintenance of health by following healthy life style i.e. they stress upon proper diet, exercise, human relations, sexuality, positive attitudes, clean environment, moral and spiritual values etc. Thus preventive and promotive aspects of health are given its due importance. The person is made conscious to maintain his total health.

3) There is simplicity of the practices avoiding the intake of potent and hard drugs and undergoing unnecessary diagnostic and surgical interference. Every Indian system of medicine has its own unique philosophy and inexpensive methods of diagnosis and treatment.

4) Less or no side effects.

5) The time tested traditional system of medicine has a reasonable treatment method to most of the diseases such as collagen disorder, degenerative diseases, diseases of the bones and joints,

psychosomatic disorders where behavioral, emotional and spiritual factors have a major role.

6) Faith - The sum total of above reasoning have produced a positive faith in Indian systems of medicine among the people. It is a well-known fact to all doctors that faith often cures where medicines don't. Hence more and more persons turn to Indian systems of medicine with faith in their hearts and a prayer on their lips and this has a magical power that can move mountains.

Health seeking behaviour in most societies is often marked by a multiplicity of medical or healing systems. Every healing system is a product of a specific worldview of a particular group of people. Many of these worldviews change over time with corresponding changes in healing systems. Thus, some of these healing systems either may get absorbed by the dominant healing system or probably die out. A "medical system' has thus been defined as "the pattern of social institutions and cultural traditions that evolves from deliberate behaviour to enhance health".

Traditional practitioners of Siddha and Ayurveda define life " as the union of body, senses, mind and soul" and in this context consider "positive health as the blending of physical, mental, social, moral and spiritual welfare".[28] The moral and spiritual aspects are here stressed and thus give new dimensions to man and the system of medicine by which he maintains his health and

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[28] M.A. Razzack, ***Principles and Practices of Traditional Systems of Medicine in India*** (Delhi, 1970), pp.149-151.

improves efficiency of work in order to increase productivity and raise the income levels and consumption standards thereby reducing the poverty.

A programme for health with emphasis on planning and evaluating for better health is the only way in which the health standard of a developing country like India can be raised. Better health needs serve as a potent lever in all phase of development, and they play an integral part for the economic and social development of the individual and the country. The essence of a successful development programme is that it should be properly balanced. Health services should neither be too sophisticated nor lag behind other sectors in the process of development. Good health must surely be a basic component of economic development; in turn, social and economic developments contribute to good health. In India, the health needs of the people, is met by both the Allopathic and the Indian Systems of Medicine. While in Tamil Nadu, one of the southern states of India, the modern medicine is common and there is also a demand for Siddha System of Medicine, which serves the health needs of the people of Tamil Nadu and neighbouring states in India.

An attempt is made in this thesis to present an account of the Siddha System of Medicine in Tamil Nadu during 1900 to 2000. This system of medicine is the most popular indigenous system of medicine among the people of Tamil Nadu. The following pages will try to illustrate the policies of the Central and State Governments towards this indigenous system of medicine. The popularity of the system among the people of Tamil Nadu during the last century will be assessed in the succeeding chapters.

The thesis is written in five chapters apart from introduction and conclusion. The first chapter presents an account of the indigenous systems of medicine in India and the place of Siddha. Theories of origin and spread of Siddha medicine in Tamil Nadu are discussed in the second chapter. The third chapter traces the history of Siddha medicine in Tamil Nadu during the ancient and medieval periods. The fourth chapter traces the policies of the Central and State Governments towards promoting and regularising the Siddha System of Medicine in Tamil Nadu. The fifth chapter gives an account of the diseases cured by Siddha medicines and the methods of preparation of the medicines. The concluding chapter sums up the findings.

# CHAPTER - I

# *The Indigenous Systems of Medicine in India*

# CHAPTER - I

# THE INDIGENOUS SYSTEMS OF MEDICINE IN INDIA

Medicine, as every one knows, is not merely a science but an art as well. It consists not merely of compounding mixtures, preparing decoctions, pills, plasters and drugs of all kinds but it also deals with the different processes of life. The practice of such medicines in India dealt not merely with the external body of man but also with the inner man or the soul since times immemorial. The science of medicine is of fundamental importance to keep our total mind and soul in harmony and peace.

The two major systems of medicine, which are ancient to the Indian soil, are the **Siddha** and **Ayurveda**. The Siddha System of Medicine is the oldest and flourished in the South India, particularly in Tamil Nadu and Ayurveda was prevalent in North India. Later, with the arrival of the Muslim rulers in India, the **Unani** system of medicine, which is the direct outcome of the Greeco-Arabian medicine, was also introduced in India.

**Yoga** is not actually a system of medicine, but only helps to open a channel for healing in the mind. It enunciates principles, which gives way to the development of a sound mind and body. **Homeopathy**, which is a German system of medicine, gained its popularity in India during the nineteenth century, and even today, it is being acceded a high status as a separate system of medicine. **Naturopathy** is nature cure. Its principles might have been obvious to early man before systematised medicine came into existence. According to nature cure, health is normal when there is harmonious vibration of the elements

and forces composing the human entity on the physical, moral and spiritual planes are in conformity with the constructive principles of Nature applied to individual life.

The dominant three systems that are in practice in India from the ancient and medieval periods, are **Siddha, Ayurveda** and **Unani.** All these are based on humoural pathology or, in other words, on the same physiological doctrine that air, bile (fire) and phlegm (water) are the three humours which maintain the human body through the combined functioning. The following pages elaborated these indigenous systems of medicine which still continue to be popular in India.

**The Siddha System of Medicine**

It is difficult to determine the exact point of time when this system of medicine was evolved and codified. According to tradition, it was Siva, who unfolded the knowledge of the Siddha Medicine, to his consort Parvathi, who in turn handed it to down to Nandideva, and he to Siddhars. This belief is held according to "Saiva Sampradayam" (tradition of Siva), or "Siddha Sampradayam".[1]

In the words of **Lakshmipathi,** "It is easier to believe that in Tamil Nadu, the Siddha System flourished earlier than the other systems, because the Southern Peninsular is believed to be the cradle of the human race".[2]

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1 V. Narayanaswami, ***Introduction to Siddha System of Medicine*** (Madras, 1975), pp.247-249.

2 S.V. Subramanian and V.R. Madhavan, ***Heritage of the Tamil - Siddha Medicine*** (Chennai, 1983), p.6.

No doubt the Tamil Siddha System of Medicine is the foremost of all other medical systems of the world, the origin of which goes back to 10000 B.C. - 4000 B.C. There are no two opinions about the ancientness of the Dravidian civilization of the erstwhile-submerged land "Kumari Kandam" otherwise known as Lemuria Continent, which was situated south of India, before engulfed by the Indian Ocean. Archaeological evidences have also proved this. This traditional system of medicine was prevalent in the ancient Tamil land. It was also called as the Dravidian system of medicine or Tamil medicine or Siddha System of Medicine.[3] Its literature is entirely in Tamil, one of the oldest Indian languages.[4]

The name Siddha Medicine owes its origin to medicinal ideas and practices of a class of Tamil sages called the Siddhars - "perfected" or "holy immortals" - who were, and are still, believed to have super human powers. They had firm faith in the "deathless" physical body being in tune with the spiritual\immortal "soul". Significantly, one of the definitions of Siddha Medicine is conquest of death : "that which ensures prevention against mortality". This statement is attributed to Tirumular, a revered Siddhar whose treatise called **"Tirumantiram"** has 3000 stanzas and is regarded as a classic text on the basic philosophy of Siddha Medicine.[5] According to Tamil tradition, Siddha Medicine is associated with 18 Siddhars, with Agastyar, Tirumular, and

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3 Kandaswamy Pillai, ***History of Siddha Medicine***, Department of Indian Medicine and Homeopathy (Madras, 1979), pp.68, 71, 77.

4 B.V. Subbarayappa, ***India's Contribution to the History of Science***, Vivekananda Rock Memorial Committee (Chennai, 1970), p.47.

5 A. Shanmugavelan, ***Siddhar's Science of Longevity and Kalpa Medicine of India***, Sakthi Nilayam (Madras, 1963), pp.67,68, 95-133.

Bhogar being the most important. The dates of these Siddhars are uncertain; although Tamil tradition accords remote antiquity to them. Siddhars have left their imprint not only in medicine but also in yoga and philosophy. The following is the list of eighteen Siddhars :

| | | | |
|---|---|---|---|
| 1. | Nandi | 10. | Karuvurar |
| 2. | Agastyar | 11. | Konganavar |
| 3. | Tirumular | 12. | Kalangi Nathar |
| 4. | Bhogar | 13. | Aluganni |
| 5. | Punnakkisar | 14. | Agappaier |
| 6. | Pulasthiar | 15. | Pambatti Siddhar |
| 7. | Punaikannar | 16. | Theraiyer |
| 8. | Idaikkadar | 17. | Kudambai |
| 9. | Pulukaisar | 18. | Chettai muni |

There is no dispute about the antiquity of the system. References to the system are found even in works like Thirukkural and Tirumandiram, which are devoted to other disciplines of civilization. Tirumandiram is considered to be prior to Charaka Samhita and Susruta Samhita, the two well-known treatises in Sanskrit on Ayurveda, whose period is between the sixth and the third century, B.C.

It is not the intention here to prove which of the two Indian systems; the Siddha or the Ayurveda is more ancient. It is well established that before the Aryans occupied the Sind region and Gangetic plains, there existed in the south, on the banks of the rivers Cauvery, Vaigai and Tamiraparani, a civilization,

which was highly organised. This civilization had a system of medicine to deal with the problems of sanitation and treatment of diseases. This is the Siddha system. It is possible that in course of time this system and the one prevalent in the north supplemented and enriched each other, as it happened in literature, philosophy, religion etc., but from the beginning, the Siddha System had maintained its identity.[6] A belief system at its core, Siddha Medicine has immense faith in the "miracles" of mercurial drugs and in the prolongation of life through rejuvenating treatments and intense yogic practices, among which regulated breathing has pride of place. According to the Siddhar Yogimuni, 21600 respirations a day is the secret of remaining ever young.[7]

The evidence from the materia medica, i.e. materials used in medicine, supports the claim that the Siddha System existed separately and was uninfluenced in earlier times by Ayurveda. The therapeutics Siddha Medicine consists mainly of the use of metals and minerals, whereas in the earlier Ayurveda texts there is no mention of metals and minerals. The earliest Ayurvedic treatise is Charaka Samhita, compiled in the sixth century B.C., and the latest is Veghbhata's Ashtanga Hridaya, written in the seventh century A.D. The medicines mentioned in these works are recipes. In Siddha texts, on the other hand, from the earliest times, mercury, sulphur, copper, arsenic and a variety of other metals and minerals figure prominently as therapeutic agents. Siddhars were the first to employ metals and minerals as therapeutic agents and these drugs were later adopted by Ayurvedic medicine.

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6 V. Narayanaswami, ***Introduction to the Siddha System of Medicine*** (Madras, 1975), pp.58-63.

7 V. Gangadhara Thevar, ***Theraier Yemaka Venba Part I*** (Madras, 1976), pp.13,63.

## Main Characteristics of Siddha System of Medicine

### (i) Drugs and Adjuvants

Bhogar, one of the important Siddhars, according to the Tamils, was a Chinese philosopher,[8] who came to south India. In one of his works, he has described about 175 drugs[9] some of which have alchemical undertones. He is said to have described about 475 drugs in his several works. In Agastyar Pallu, 82 Siddha drugs are described. According to Bhogar even a single drug, with dietary regiment, can cure several diseases by varying its adjuvants or adjuncts (anupanam) such as honey, clarified butter, milk, herbal extracts, ginger juice, betal leaf juice, hot water, and other appropriate carriers. It is postulated that the success of Siddha Medicine depends upon its carrier, which also varies according to seasons.[10] One of the texts declares that drugs are potentiated by the efficacy of the adjuvant used.[11] There is a tacit belief that the adjuvant for a drug would also modify the latter's potency and curative capability synergistically for better therapeutic results.[12] In any case, a Siddha mineral or metallic drug is administered in extremely small quantities.

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8 K.C. Veeraraghava Iyer, ***The Study of Alchemy in Tamil Nadu South India*** (Madras, 1932), pp.60-67.

9 V. Gangadhara Thevar, ***Theariar Yemaka Venba***, Bhogar Yelairam (Madras, 1975), pp.132-133.

10 P.M. Abdullah Sahib and Thyagarajan, ***Aastyar Pallo-200***, Palani Temple Siddha Publications Committee (Madras, 1975), pp.82-85.

11 Thyagarajan, ***Theraier Venba*** (Madras, 1974), pp.136.

12 C.S. Uttama Royan, ***Siddha Pharmacopia*** (Chennai, 1978), pp.45-47.

### (ii) Diagnostic Methods

Like Ayurveda, Siddha Medicine accepts the three humoral concepts-air (vata), bile (pitta), and phlegm (kapha); in addition, the latter attaches considerable importance to the examination of the pulse (natai; Sans : nadi) for determining the disposition of three humours. A Siddha physician, by practice coupled with intuition, distinguishes six pulse readings (three in each wrist) by his fingers suitably placed on both wrists-sometimes, one by one. According to Theraiyer Siddhar, the movement of the pulse in the case of deranged wind humour would be that of a swan or peacock, whereas that in respect of improper bile would be similar to the movement of a hen or ant. The pulse in the case of vitiated phlegm would have a motion like that of a fly or vulture.[13] **An experienced Siddha physician classifies pulse movements in terms of right-side and left-side humours**[14] and tries to determine the status of humours vis-a-vis the nature of disease.

An examination of urine is also a Siddha diagnostic method; the intensity of a disease is determined on the basis of its colour. If the urine is ruby or milky white, the disease is said to be incurable, whereas yellow or honey-coloured urine would indicate the curable stage of a disease.

### (iii) Classification of Substances

Minerals, metals, salts, certain toxic substances, and numerous potent herbs are classified as male and female and also friendly and inimical, possibly

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[13] V. Gangadhara Thevar, ***Theraier Yemaka Venba*** (Chennai, 1976), pp.13, 63.

[14] D.E. Valentine, ***Fluid Signs Berkeley and Los Angeles*** (University of California, 1984), pp.173-175.

in relation to their mutual compatibility or otherwise. There is also a classification in terms of 120 auxiliary (uparasas) substances, which include mica, copper sulphate, loadstone, and other minerals; 64 toxic substances (32 natural and 32 prepared); nine metals, including brass and bronze; and nine gems;[15] each category requires elaborate processing with herbs to ensure that it is fit for use in a medicinal composition. There is also an attempt at categorisation in terms of five elements-earth, water, fire, air, and a ubiquitous one called akas'a.

Theory of panchakarnam, is in fact, the functioning of the above five elements in the human body. Besides these five bodily components, life in a human body depends on the presence of normally functioning sense organs and of the mind and the soul.[16] The Siddha System is a complete system of medicine, which forms a part and parcel of the ancient indigenous Indian medicine. This system is aimed at keeping the body and mind in a perfect condition.

### (iv) Lack of Anatomy

A serious drawback of Siddha Medicare is its scant disposition towards systematic anatomy. Instead, Siddha physicians' persistent belief, as postulated by the 18 Siddhars, is that the human body consists of 72000 veins and nerves, six vital centres along the spinal cord, ten vital airs, and ten vital pulses.[17] These beliefs are in a tantrik and yogic framework and have no scientific basis in the

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15 V. Balaramaiah, ***Vadavaidyayathikki Adi*** (In Tamil), (Madras, 1980), pp.22-37.

16 V. Narayanaswami, ***Introduction to Siddha System of Medicine*** (Madras, 1975), pp.49-54.

17 R. Mudaliyar, ***Siddha Maruthuvam*** (in Tamil) (Chennai, 1987), pp.40.71.

sense that they are not verifiable through scientific method. Nevertheless, the concept of "tantrik body" has its own nuance.

### (v) Rejuvenation

One of the notable characteristics of Siddha treatment relates to an intricate technique (called Kaya Kalpa)[18] that is used for rejuvenation and the presumed immortalisation of the human body. This treatment includes breathing regulation for conserving vital energy of the body; conservation of sperm; administration of meticulously processed mercurial and other mineral drugs; use of certain potent products of plants such as Aloe indica, Eclipta alba, and neem which are supposed to be extraordinarily beneficial to the human internal system as a whole; and, above all, the intake of muppu, a specially prepared mixture of three salts.[19] Of the mercurial drugs, according to Bhogar, mercuric sulphide with gold and borax would be good for rejuvenation and he has described a method for its preparation.[20]

### (vi) Muppu

Etymologically meaning a combination of three salts, muppu has a distinct position in Siddha Medicine. Its preparation and contents are a closely guarded secret. However, one of its main ingredients is natural exudate from

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18 M.C. Rajan, ***Machamuni Nayanar*** (in Tamil), Maharaj Saifoji Sangam (Thanjavur, 1989), pp.72-82.

19 Shanmuga Velan, ***Siddha's Science of Longevity and Kalpa Medicine of India*** (Chennai, 1963), pp.67, 68, 95.

20 V. Gangadhara Thevar, ***Bhogar Yelairam - Yerandairam*** (in Tamil) (Chennai, 1975), pp.132-133.

soil in select places, which is called punier, the chemical composition of which is similar to that of Fuller's Earth. Even now traditional Siddha physicians collect this exudates on one of the four full-moon nights of January - April[21] observing certain rites with incantations, and use it, after due processing, for some of their medicinal preparations as well as muppu. The other two ingredients of muppu are supposed to be finely powdered calcareous stone found beneath the exudates, and rock salt. Muppu is believed to enhance the efficacy of any Siddha Medicine and engender yogic concentration, which is considered essential for a Siddha practitioner.

### (vii) Astronomy and Incantation

These are an integral part of Siddha therapy. Tuesday and Thursday are regarded as auspicious for taking medicine, and Sunday for preparation of medicines.[22] Certain days of each month are avoided for taking medicines. The Siddha physician firmly believes in planetary influences and does astronomical calculations to assess the nature and extent of therapy. Likewise, he advises incantations for invoking divine blessings for the cure of diseases and to overcome the distressing effects of evil deeds in one's previous births.[23] Tradition has deep roots in Indian ethos. Siddha tradition in Tamil Nadu is many years old. Tamils, especially in rural areas, believe deeply in the efficacy of Siddha Medicines and in the Siddha physicians. According to Agastyar, a

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21 B.V. Subbarayappa, ***Chemical Practices and Alchemy***, Indian National Science Academy (Delhi, 1991), pp.335-337.

22 V. Gangadhara Thevar, ***Yugiminivae Vaidyacintamani*** (Chennai, 1980), p.47.

23 Gangadhara Thevar, ***Bhogar Yelairam Yandirum*** (Madras, 1975), pp.132-133.

Siddha physician must be a person of strict veracity and of the highest sobriety and decorum. He ought to be thoroughly skilled in all the commentaries on medicine and be a man of good sense and benevolence, his heart charitable, his temper calm and his constant endeavour should be how to do good to the public".[24]

Yogimuni has given a succinct account of the characteristics of a Siddha practitioner, emphasising that he must be an honest and accomplished person in all aspects of medicine.[25] Over the centuries, Siddha physicians enjoyed patronage of kings and chieftains of Tamil Nadu and were held in high esteem. They had their clientele even during british colonial rule, which witnessed the advent and growth of modern medicine in India through the efforts of colonial administration.

**Present Status**

The three Indian systems of medicine - **Siddha, Ayurveda and Unani** - have been receiving considerable encouragement by both the Central and State Governments since India's Independence (1947). The Government of Tamil Nadu has extended special patronage to Siddha Medicine.

In Tamil Nadu, there are over 100 Siddha hospitals and nearly 300 dispensaries, many of which are wings of modern medical hospitals and Primary Health Centres. The total number of beds in the State for this indigenous system

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24 B.L. Palanichamy and Palanichamy, ***Agasthyar's 500 Siddha Principles and Medicines in Manimekalai*** (Madras, 1984), p.562.

25 Gangadhara Thevar, ***Yugimamunivar Vaidyaciatamani Vadavaidyattukki*** (in Tamil) (Madras, 1980), pp.4, 13-18.

is over 1100. Two medical colleges are functioning exclusively for teaching Siddha Medicine namely the Government Siddha Medical Colleges, at Palayamkottai with 250 beds and another at Chennai with 120 beds. They are imparting five and half years BSMS degree course including 6 months internship. Post-graduate courses have also been introduced in the above Government Siddha Medical Colleges.

The subjects for the post-graduate courses, M.D. (S) include

1. Maruthavam (Medicine),
2. Cunapadam (Materia Medica),
3. Sirappu Maruthavam (Special Medicine)
4. Pillaipini Maruthavam (Paediatric).
5. Magalir Maruthavam (Obstetric and Gynaecology).

There are about 475 licensed pharmacies, one unit each for drug standardisation, clinical research, and rearing of medicinal plants, two for tribal health care, and one mobile clinical research unit. The number of registered practitioners in Siddha Medicine is now over 11,000.[26]

Private Siddha pharmaceutical units have been producing several medicines claiming that the medical formulations are based on traditional texts. However, many such preparations have variations and, more often than not, have a veil of secrecy. In 1971, the Indian Government established a Central Council for Research in Indian Systems of Medicine, and in 1978 a standardised

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[26] Ganapathi, ***Siddha Seyed (Tamil Bulletin on Siddha Medicine)*** (Madras, 1995), pp.131-137.

formulary for Siddha Medicine was devised for 242 drugs in the preparation of which nearly 100 plants are involved, along with mercury, sulphur, arsenic substances, metals, gems, salts, shells, and several other organic and inorganic ingredients.[27] **The Indian Medical Practitioners Co-operative Pharmacy and Stores**, which was established in 1945 at Madras, has been actively engaged in the production of standardised drugs of the Ayurveda, Unani, and Siddha Systems. However, rejuvenators, restoratives, and similar health-protective formulations of private Siddha Pharmaceutical units still hold the fort among Tamils.

Siddha Medicines that are being manufactured under different names can be broadly classified into: (i) powders of reddish colour (centuram) with or without mercury or sulphur, with some metals or minerals treated with chosen plant juices and subjected to heat; (ii) products of certain plants in fine powdery or tablet form (churnam); (iii) calcined powders (cunnam) of calcium compounds or saltpetre and shells; (iv) medicaments of metals with mercurials (kalangu); (v) certain types of rejuvenating elixirs (karpams) carefully prepared from selected herbs as well as some minerals and salts; (vi) black-coloured compositions (karuppu) containing black sulphide of mercury or arsenic sulphide, borax, and other ingredients; (vii) sweetened linctuses (leyham and rasayana) generally prepared from various plant products; (viii) pills (matharai or kuligai) made from finely ground paste of specific plant products with or without minerals or mercuric compounds; (ix) medicated and flavoured syrups

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[27] Uttama Royan, ***Siddha Pharmacopoeia***, Ministry of Health and Family Welfare, Government of India (Delhi, 1978), pp.127-131.

(manappagu); (x) semi-solid forms (melugu) prepared from selected minerals and plant products with or without mercury or sulphur; and (xi) extremely fine powders (parpams) diligently prepared by prolonged heating of, or incinerating, processed plant extracts, shells and salts, or mercury and other metals.[28] There is also a category (patangam) of drugs for which mercuric or arsenic compounds with plant (juices are sublimated). In addition, there are herbals oils (tailam) and distilled compounds (tiravakam) which are prepared from plants, salts, and alkaline substances. It is important to note that in Siddha Medicines a large number of herbs are used.

The Central Government's Siddha Research Unit located in Madras has been engaged in clinical trials of some Siddha drugs that have traditional claims for curing certain diseases such as peptic ulcer, infective hepatitis, rheumatoid arthritis, cancer and psoriasis.[29] More rigorous scientific investigations are necessary if Siddha Medicines are to join the mainstream of the Medical practice in India in which modern medicine or allopathy has been rightly playing a dominant part. The future of Siddha Medicine will depend on its potential to prove its worth through scientific tests of verifiability and reproducibility. Nonetheless, Siddha Medicare is bound to continue for a long time as a healing tradition in the service of the common people of Tamil Nadu and elsewhere.

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[28] M. Murali, ***Formulary of Siddha Medicines, Madras*** : Indian Medical Practitioners Co-operative Pharmacy and Stores (Chennai, 1980), pp.1, 310.

[29] ***Technical Report***, Central Research Institute for Siddha (Madras, 1975-1985), pp.67-69.

## THE AYURVEDA SYSTEM OF MEDICINE

The word "Ayurveda" is derived from "ayus(r)" meaning life, and "veda" meaning knowledge; thus, Ayurveda literally means "science of life". It is one of the ancient (before 2500 B.C.) Indian Systems of Medicine. Ayurveda takes a holistic view of man, his health, and illness. It aims at positive health, which has been defined as a well-balanced metabolism coupled with a health state of being. Disease, according to Ayurveda, can arise from the body and/or the mind because of external factors or intrinsic causes. Ayurvedic treatment is aimed at the patient as an organic whole, and treatment consists of salubrious use of drugs, diets, and certain practices.[30]

Ayurveda has a vast literature in Sanskrit and various Indian languages, covering various aspects of diseases, therapeutics, and pharmacy. Pharmaceutics occupies an important place in Ayurveda. Medicinal preparations are complex mixtures including plant-and animal-derived products, minerals, and metals. Plants form a dominant part of Ayurvedic Pharmacopoeia. The earliest references to such plants are found in the Rig Veda and the Atharva Veda, dating back to the second millennium B.C. The **Charaka Samhita** (~ 900 B.C) is the first recorded treatise fully devoted to the concepts and practice of Ayurveda; its primary focus was therapeutics.[31] This work listed 341 plants and plant products for use in medicine. The next landmark in Ayurvedic literature was the **Sushruta Samhita (~600 B.C.)** which lays special emphasis on

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[30] S. Sharma, ***Realms of Ayurveda*** (New Delhi, 1979), pp.41, 62.

[31] S.P. Sharma, ***Charaka Samhita***, Vol.I (Varanasi, 1981), p.111.

surgery.[32] It described 395 medicinal plants, 5 drugs of animal origin, and 64 minerals and metals as therapeutic agents. Sushruta, the father of surgery, lived and practised surgery in Varanasi, India, approximately 2,500 years ago. Another important authority in Ayurveda was Vagbhatta of Sind, in present day Pakistan, who practiced around the seventh century A.D. His work Ashtanga Hridaya is considered unrivaled for the principles and practice of medicine.[33] The Madhava Nidana (800-900 A.D.) was the next important milestone; it is the most famous Ayurvedic work on the diagnosis of diseases. The last celebrated writer on Ayurveda medicine was Bhava Mishra of Magadha, whose treatise **Bhava Prakasha,** written around 1550, is held in high esteem by modern Ayurvedic practitioners for its descriptions of approximately 470 plants.[34] Other than these monumental treatises, many Nighantu Granthas (Pharmacy lexicons) were written, mostly between the seventh and sixteenth centuries. Raj Nighantu by Narhari Pandita and Madanpala Nighantu by Madanpala are considered masterpieces on medicinal plants.[35] All ancient texts on Ayurveda divide medical knowledge into eight branches (Ashtanga), and this is no different from the contemporary approach. In addition, Ayurvedic descriptions of diseases are much like the modern delineation.[36]

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32 R.C. Majumdar, ***Medicine In : A Concise History of Science in India*** (New Delhi, 1971), pp.213-273.

33 S. Sharma, ***Realms of Ayurveda*** (New Delhi, 1979), pp.159-163.

34 G. Pandey, Bhava Prakash, ***Varnasi chaukanibha*** (Varanasi, 1960), p.183.

35 S. Dev, ***Ayurveda and Modern Drug Development*** (Delhi, 1988), pp.77-79.

36 Dehanukar and Thatte, ***Popular Prakashan*** (Mumbai, 1989), p.161.

Ayurveda, in its prime, was a cogent, scientifically organised discipline. Ayurvedic texts were much respected in neighboring countries, as evidenced from their translation into Greek (300 B.C.), Tibetan and Chinese (300 A.D.), Persian and Arabic (700 A.D.) and several languages of other Asian people.[37] Currently, Ayurveda is widely practised in the Hindustan peninsula (India and the neighbouring countries) and, in recent years, has attracted much attention in economically developed countries such as those in Europe and in the United States and Japan.[38]

## THE UNANI SYSTEM OF MEDICINE

The origin of Unani Tibbor, Graeco-Arab medicine, may be traced to that system of Greek medicine, which was developed during the Arab civilization. The Muslims still call it Unani (Ionian) medicine out of adherence of its true historical derivation, whereas European historians call it Arab medicine. It is now practiced in the Indo-Pakistan subcontinent. The Muslims introduced the Unani system of medicine in India. The maximum contribution made to this indigenous system of medicine was by the famous Hakim, Abu Ali Hussain Ibne-Seena also known as Sheikh-ul-Rais.[39]

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37 B.V. Subbarayappa, ***India's Contribution to the History of Science Madras***, India Vivekananda Rock Memorial Committee (Chennai, 1979), pp.47-66; Filliozat, ***The Expansion of Indian Medicine Abroad***, Vivekananda Rock Memorial Committee (Chennai, 1979), pp.67-70.

38 Hartzell and Zysk, ***Health Science and the Spirit : Veda and Ayurveda in the Western World***. Journal : Alternative Complementary Medicine 1 (Delhi, 1995), pp.297-301.

39 ***"Central Council for Research in Unani Medicine"***, Ministry of Health and Family welfare, Government of India (Delhi, 1982), Third Scientific Seminar on Unani Abstracts p.1.

Unani practitioners hold a respectable place in society, particularly in rural communities. In urban areas, Tabibs are often consulted for treatment of diseases and in matters relating to the protection of health. The Tabibs adhere to the traditional moral and social values while treating their patients. The pharmacopoeia consists of an extremely rich armamentarium of natural drugs, mainly herbal, but also including animal, mineral, and marine drugs. The drugs can be used singly or as poly-pharmaceuticals, in the form of decoctions, infusions, tablets, powders, confections, syrups and aquas. It is true that the Unani pharmacopoeia is lacking in detailed experimental, pysiochemical and bio-mathematical data, but it is nearly always safe.[40] There are no two opinions that the cure and care of the suffering humanity should be the sole objective of every system of medicine. The Unani system has proved its efficacy and it enjoys a good deal of popular acceptance. What is of prime importance for the system to meet the people's requirements in the current times is the research support to enhance and establish its curative powers to establish their productive life.

## THE YOGA

Yoga is a traditional science, which helps us to coordinate body and mind more effectively. It enables a person to maintain tranquility of mind and greater calmness in the conscious state and is perhaps the easiest and the safest method of promoting mental health. It can also be used as a preventive and

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[40] Robert Bannerman, ***Traditional Medicine and Health***, Unani System of Health and Medicare, World Health organization (Geneva, 1983), pp.97-99.

curative technique for the management of various psychic and psychosomatic disorders.[41] "One who is dull cannot know the self of restless, who is not strong, disciplined and self controlled. Neither can it be known by much learning nor by reasoning. It can be known only through calmness of mind, through practice of yoga and through meditation".

The founders of Yoga were the Siddhars, Rishis and Maharishis, and the Sages, who had mastery of mind and body. They recognised the limitations of life, the purpose beyond suffering and the power of the mind. Knowledge was transmitted to the disciples (chelas) and later on spread all over India. Yoga is a timeless pragmatic science evolved over thousands of years dealing with the physical, moral, mental, and spiritual well being of a man as a whole. The word yoga is derived from the Sanskrit root Yuj, meaning to bind, join, attach, and yoke, to direct and concentrate one's attention on, to use, and apply. It also means union or communion. It means a poise of the soul, which enables one to look at life in all its aspects evenly.

Although Yoga is known as Indian, it is not necessarily only Indian. It is a way, which every man may attain the awareness of Supreme Being within. The Yoga Sutas (Yoga aphorisms) of Patanjali called Sankhya Pravachana are the common sources and authority for all schools of Yoga. Patanjali lived approximately around the 3rd century B.C.; he systematised the concepts and practices of Yoga that were present. After him, several historians, philosophers

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[41] T.M. Srinivasan, ***Yoga Therapy***, Vivekananda kendra patrika, Vol.12 (Madras, 1983), pp.46-50.

and yogis wrote commentaries on the sutras on Patanjali. Yoga was known in India long before the Sutras and commentaries were composed. Older Indian Scriptures including the Vedas refer to Yoga. The Indian steatite seals of the Indus Valley civilization make one surmise that Yoga postures were known in India before 2500 B.C. In ancient times, Yoga was specifically associated with the power of the sacrificial fire that boreup the human offerings to the gods. Yoga referred to the power of inner psychic fires that united the individual with the highest sacred reality. Even today, Yoga is used as a generic term to include both the process and the goals of binding the individual spirit to the universal spirit. The Yoga philosophy, as systematised by Patanjali and his commentators, is recognised today as one of the six orthodox systems of Indian philosophy.

**The Stages of Yoga:** The right means are just as the end of view. Pantanjali enumerates these means as eight limbs or stages of Yoga for Quest of the soul. They are:

1. YAMA - Conditioned Yoga behaviour (universal moral Commandments)
2. NIYAMA - Attitudes sublimated to Yoga norms (self purification by discipline)
3. ASANA - Physical discipline - (Posture)
4. PRANAYAMA - Control over bio-energy (Rhythmic control of the breath)
5. PRATYAHARA - Abstraction (withdrawal of emancipation of the mind from the domination of the senses and exterior objects).
6. DHARANA - Concentration

7. DHYANA - Meditation
8. SAMADHI - Consciousness absolute (a state of super consciousness brought about by profound meditation, in which the individual aspirant becomes one with the object of his meditation, the universal spirit.

Thus Yoga is truly a very important preventive, curative, promotive and rehabilitative measure for maintaining sound mental health.[42] There is, therefore, a great need to conduct extensive scientific studies on the subject and to standardise techniques so that many more people can make full use of them throughout the world. Most of the States in India have Yoga training centres. Bihar School of Yoga is famous in its research and extensive studies in Yoga.[43]

**Other Systems of Medicine in India - Homeopathy**

Mention must be made of Homeopathy. Although not of Indian origin, Homeopathy is widely practiced in India. It's originator, Samuel Hahnemann (1755- 1843) was a German. Despite its European origin, Homeopathy has taken a firm root in India, and is recognised by the Government. Homeopathy came to India in 1810 when Dr.Honigberger, a German physician, came to India and treated people in Bengal, including Maharaja Ranjit Singh.

**History:** In 10 B.C. the Hindu sages had described what Hippocrates did in 400 B.C. and then Samuel Christian Hahnemann, a German physician, in the early 1800's, first tested the principle "like is cured by like" and thus discovered

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42 Yogeswar, ***Text-Book of Yoga*** (Madras, 1970), p.4.

43 Swami Satyanand Saraswathi, ***Yoga Nidra*** (Bihar, 1979), pp.187-191.

homeopathy. While translating lectures on the Materia Medica by William Cullen, a Scottish Professor, Hahnemann discovered homeopathy. The author claimed that cinchona bark or quinine cured intermittent fever (malaria). Therefore, he tested the medicine on himself. This was the first proving or testing a medicine on a healthy individual. The principle is to cure a disease by imitating nature - the medicine will produce a similar but artificial disease and the body fights to cure the original one. So this is how "like is cured by like" was tested and proven. When Europe came down with an epidemic of cholera, Hahnemann's pupils put his principles into practice in Leipzig, and treated 154 victims homeopathically. He lost six, while orthodox doctors treating 1500 victims, lost 821.

**Basis of Homeopathy:** In 1810 Hahnemann published the "Organ on of the Art of Healing". According to him, the human body functions by a vital force. In acute disease, this force is disordered largely, but it retains the capacity for self-adjustment. In chronic disease, this capacity is almost lost. Disorders are functional hypertrophic and degenerative or psoric, psychotic and syphilitic. Symptoms of disease are considered as healthy body reactions by homeopaths. By suppressing these symptoms, the body is unable to use its self-curing symptoms and by frequent suppression, can become ineffective. Finding the totality of the symptoms of the patient makes diagnosis. Noticing every detail of the patient is important, e.g. the expression, the grooming, complexion, hair and nails. Symptoms are asked in detail. Symptoms, which are peculiar to the patients, and not the disease, are relied on. Usually, all the symptoms of the patient will fit into one remedy. Homeopathy approaches the problem of each

individual uniquely - although the disease for which different patients are consulting the physicians may be the same, the remedy may be different for each one. In homeopathy, the physician's interest is not only the alleviation of the patient's present symptoms, but also his long-term well-being.

In molecular Homeopathy, **Sharma** reports success with treatment of Indian cases with biopsy-proved childhood cirrhosis; he quotes W.V. Jackson who followed up 1200 cases of cancer for 12 years and found a recovery rate of 92 percent.[44] He finds improvement in migraine, allergic disorders, asthma, epilepsy, spondylitis, and renal stones. In hepatitis A, acute upper respiratory infections, gastroenteritis, homeopathic medicines can modify the course of the disease. It was of great help in the epidemic of acute viral conjunctivitis in Delhi a few years back. There are now 122 homeopathic medical colleges in India with an intake of 7500 students a year. There are about 30,000 qualified homeopaths, 80 homeopathic hospitals, and 2000 dispensaries. There are two research institutions in Calcutta and Kerala and the three regional institutions in Delhi, Andhra Pradesh, and Kerala.[45]

## THE NATUROPATHY SYSTEM

Nature cure principles might have been obvious to early man before systematised medicine came into being. Early Egyptians used massages; the Romans used baths extensively; Jews had rules of diet and hygiene; Paracalsus in 1493 was renowned for his natural methods. Vinconz Priessnitz (1799-1851)

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[44] S.P. Sharma, ***Charaka Sanhita***, Vol.I (Varanasi, 1984), pp.49-53.

[45] Online, http : //www.health library.com/reading/banyan 1/1 appen 2.htm July 22nd, 2000.

was the man who first started a nature cure clinic in Grafenburg over a hundred years ago. Dr.Henry Lindlahr is one who devoted his life and started to spread nature cure. He established Lindlahr Institutions, and under these, he conducted two nature cure sanatoriums for the treatment of patients. His leading motto is "Nature's remedies are the best".[46]

**History of Naturopathy:** Nearly 100 years ago there came into existence a new doctrine of dealing with human system when subjected to disease, while the originators of this new idea were ordinary persons having no scientific medical training, its future exponents were prominent physicians of old medical school who had become extremely dissatisfied, as a result of observations extending over a number of years, with drugging methods. They claimed that drugs possessed very little power to cure disease, that they suppressed the symptoms of disease, which in itself was an attempt on the part of living organism to set attempt of the organism by natural means such as Air, Water, Light, Food, Exercises, etc. This new methods became known by various names, such as Nature Cure, Natural Therapeutics, Naturopathy, Hygeio-therapy, Drugless Medicine, Rational Medicine, etc. Thanks to the painstaking researchers of a number of eminent physicians and health-reformers in this branch of healing art, this new medical doctrine has become a science like any other medical system claiming to have a scientific base.

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[46] Henry, M.D. Lindlahr, ***The Philosophy of Nature Cure Prefome i-ii***, published by Prakriti Prakashan, National Cure Hospital (Begumpet, 1976), pp.197-201.

**Basis of Naturopathy:** In the study of the cause and character of disease we must endeavour to benign at the beginning and that is Life itself; for the process of health, disease and cure are manifestations of what we call life, vitality, life elements, etc. There are two concepts in the nature of life or vital force: the material and the vital. The former looks upon life or vital force with all the electric, magnetic and chemical activities of the physical - material elements composing the human organism. The vital conception of life regards it as a primary force of all forces, coming from the great central source of all powers. It is this supreme power and intelligence, acting in and through every atom, molecule and cell in the human body which is the true healer; which always endeavours to repair, to heal and to restore the perfect type. All that a physician can do is to remove obstruction, so that "the healer within" can do his work to the best. According to nature cure, health is normal and harmonious vibration of the elements and forces composing the human entity on the physical, moral and spiritual planes of being in conformity with the constructive principle of Nature applied to individual life. Disease is abnormal or inharmonious vibration of the elements and forces composing human entity on one or more planes of being in conformity with the destructive principle of Nature applied to the individual life. Orthodox medical science attributes disease largely to accidental causes: to chance infection by disease germs or parasites, etc. Nature cure believes that it is caused by violation of Nature's laws; that it is corrective in its purpose; that it can be overcome only by compliance with the law. Self-control in obedience of natural law is the master key to health.

The medical treatment of the Nature Cure consists largely in the proper selection and combination of food materials. It stands to reason that Nature has provided within the ranges of the natural foods all the elements which man needs in the way of food and medicine.[47] Naturopathy is recognised by the Government of India. Gandhiji started a nature cure centre at Uruli Kanchan in Maharashtra State. There are many nature cure centres in India now. Dr.Lindlahr's publications are available which were printed in about in 1983 by M.B. God bole with permission.

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47 S. Satyanarayana Murthy, ***Nature Cure Treatments*** (Madras, 1983), p.1.

# CHAPTER - II

# *Theories of Origin and Spread of Siddha Medicine in Tamil Nadu*

# CHAPTER - II

# THEORIES OF ORIGIN AND SPREAD OF SIDDHA MEDICINE IN TAMIL NADU

The history of medicine in its entirety would carry us back to the remotest periods of antiquity, but we cannot trace so far in time within the compass. Nevertheless, in order to understand the development of medical theory and practice of Siddhar's Science during the last 2000 years we must have at least some idea of the state of knowledge of that period.

The history of medicine can be reconstructed only on the basis of relevant source materials. The ancient period is lit by archeological evidences either monumental or surface or excavated material. The classical or historical period is replete with semi historical references, epigraphs and other archeological data and for the modern period we get ample of written historical material. Unfortunately for the history of medicine in Tamilnadu in the primitive and pre-historic period we do not have enough direct relevant sources either archeological or monumental. But we have parallels in the prehistoric men of modern world. If we apply this parallel, we can build up to some extent about the medicine practiced in the ancient world.

Primitive men believed that evil spirit or supernatural force was mainly responsible for all diseases and they possessed remedies of the domestic nature. So the witch doctor or medical men constituted the earliest professional class in the evolution of society.

Another important aspect of treatment is with herbs and domestic remedies. The aborigines of our country used several herbs for their ailments. They knew how to preserve the milk for three months with the help of certain herbs. The herbs and medicines used by this parallel of primitive people of our country is similar to that of siddha system of medicine.[1]

The Australian aborigines used the nut kernel of Colophyllium, Inophyllium for application on the pain spot just as it is used in India for rheumatic applications now. They were also using juice of shoots of Fig tree for healing wounds. Even to-day cholera and smallpox are considered to be due to derangement of goddess Mariammon. Some of the psychological manifestations are considered to be due to Evil spirits. The priest sometimes used the roots of certain plants e.g. *Phyllanthus niruri* to jaundice to drive away the disease by charging with magical powers and manthrams. The holy basil *Ocimum sanctum* was used as stimulant and diaphoretic.[2]

## THEORIES OF ORIGINS OF SIDDHA MEDICAL SCIENCE

There are three theories which try to postulate the origins of Siddha Medical Science. They are i) Lemurian continental origin, ii) Mediterranean origin and iii) South Indian origin.

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1 Bold Irudayanath, ***Adhivasikalidam Siddha Vaithiam***, **Journal of Indian Medicine** (Palayamkottai, 1975), p.17-19.

2 S.G. Blackland Stubbs and E.W. Bligh, ***Century of Health and Physics*** (London, 1956), pp.6,7.

## i) Lemurian origin

Advocates of the theory of Lemurian origin of Siddha Medical Science base their faith in the commentaries to Tolkappiyam, Iraiyanar Kalaviyal and Cilappadikaram. Kumari-K-Kandam, popularly known as the Lemurian continent, which was once the cradle of man is now lost in the Indian ocean due to several deluges. The Science of healing should also have been born with the birth and evolution of humanity. This should have been the basis for all the systems of medicine; as man dispersed to various parts of the world, the science of healing was also taken with them. As the languages diversified, the medical science of the Lemurian continent took several shapes in various parts of the world.[3]

The authenticity of this claim is still under examination. Underwater archaeology now envisaged by the Tamil University, Thanjavur, Tamil Nadu, and the Directorate of Traditional Tamil Arts, Govt. of Madras may throw new light on this point. Soviet, American, British and French explorations in the Indian ocean have given some clues to the existence of the Lemurian continent. The Indian team may now bring forth fresh evidences.

It is possible to say that the Siddha medical science could possibly have been born in the Lemurian continent. Engels, Marx and Lenin followed by Darwin supported the Lemurian continental theory. Alexander Kondrotov also stresses this point in his "The Riddles of Three oceans".

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[3] Lalitha Kameswaran, ***Proceedings of the Second International Conference, Seminar of the Tamil Studies*** (Chennai, 1968), pp.184-185.

**Mediterranean origin**

Some scholars have put forward a theory that the Dravidians belong to the mediterranean stock. They moved into India through land route and due to Aryan migration and pressure, they were pushed southwards. With the settlement of the Dravidians in Tamil Nadu, metallurgy was introduced and the medical science practiced by them might have relation with the siddha system. This is how the siddha medical science entered Tamil Nadu.[4]

Linguistic evidences are cited by Dr. Lahovary in "Dravidian origins and the west" and the learned French scholar opined Mediterranean Europe as the origin of the Tamils and consequently the origin of Siddha medical science. By Lexico statistic studies Dr.M.S.Andronov, the Soviet Dravidologist considered that Central Asia was the origin of the Tamils. In many of his works he has advocated this theory.

Ethnographers also pointed similarities between the mediterranean stock and the Indus people and the Tamils.[5] Scholars claim that metallurgy was introduced into Tamil Nadu by the mediterranean stock. That the use of metals is an important aspect in the siddha medicine is well known.

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[4] Kondrotov, Alexander, ***The Riddles of Three Oceans*** (Moscow, Russia, 1974), pp.68-70.

[5] N. Lohovary, ***Dravidian Origins and the West*** (Bombay, 1963), pp.71-74.

**Indigenous origin**

There are scholars who consider the present Tamil Nadu itself as the original homeland of the Tamils and the Siddha medical science was born in Tamilnadu and it is the Tamil medical science.[6]

In all the three theories one can find that there are valid and important reasons for the prevalence of the Siddha Medical Science and the Tamil or Dravidian people practising them in the Lemurian continent, mediterranean Europe and West Asia and in the present Indian sub-continent in regions like the Indus Valley, Tunga Bhadra Valley and Tamil Nadu. These theories show the greater zones of areas in which the Siddha medical science, was in vogue.

Dr. Alexie, a medical scientist and Nobel laureate praises in his world renowned work "Man, the unknown" the Tamil Siddha Medical Science as the most advanced system of medicines.

**THE AUTHOR OF SIDDHA MEDICAL SCIENCE**

**(i) The Divine theory**: As the origin of Languages was ascribed to the God, so also the author of Siddha Medical Science was also ascribed to god Siva. In the scientific and materialistic view, the divine origin of language or the medical science could not be accepted, the ascribed authorship of God Siva may also be not tenable. However in the dim past, there ought to have lived a person

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6 M. Andronov, ***Lexicostatic Analysis of the Cornology of Disintegration of Proto-Dravidian*** (Moscow, 1963), pp.170-186.

possibly with the name of Siva (n) as the cult of Lord Siva is noticed in all the five continents.[7]

**(ii)** Fresh epigraphical evidences show that in the Tamil Academy, invocations to the goddess Mamma or Mammanta only was made in Tamil Nadu. However Lord Rama in his personal letter to his wife refers to both Mamma-Po and Sam-Po, Viz., the mother-goddess and Lord Siva.[8]

**(iii)** An inscription has been discovered in the Pothigai-Hills in Old Courtallam in which the Commissioning of Aintiram written by Cattanar has been mentioned. This is the most ancient epigraphical evidence in Asian Palaeography. Ayyappan in Sabarimalai is none other than Cattanar, author of Aintiram. Though Cattanar is iconographically represented as young, actually he was an aged person.

It was due to siddha medical practices, Poet-grammarian Cattanar became a siddhar and is even today worshipped as Aiyanar or Ayyappan. Cattanar was an important deity in Tamil Nadu upto seventh century A.D., but in Kerala he is even today an important deity.[9]

**(iv)** Agathiyar is ascribed with many siddha medical works. None of them are ancient. However we may believe that the Agathiyar's Siddha medical

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7 N. Mahalingam, ***Gems from Pre-Historic Past*** (Chennai, 1981), pp.74-76.

8 Malayandi Subramanian, ***Glimpses of the Proto-Indian and Megalithic Deccan and South India Through Epigraphical Evidences***, Seminar in Bangalore - May-1982, pp.253-258.

9 P.L. Swamy, ***Tamil Ilakkiayattil Taiteiva Valipatu*** (Chennai, 1980), pp.101-104.

system was enshrined by various later day Poet-Physicians and ascribed the authorship to Agasthiyar. Now in the Pothigai Hills, an important inscription has been discovered by the students of Palayamkottai Siddha Medical College and by Thiru. Pon. Arasu, Department of Archaeology, Government of Tamil Nadu, the scheme being sponsored by the Department of traditional Tamil Arts initiated by its then Director Dr.Ku.Rajavelu and Co-ordinated by Mr.V.S.Natarajan, IAS. It is one of the most important inscriptions written in very ancient period. It is Harappan in Age 3000-2600 B.C. and contains many Indus signs and megalithic signs. It is the longest inscription in Asia of Pre-Historic period, in a Cave which was originally the Tamil Academy.

The natural design of the front portion to the cave is `trigonal'. Tamil is known as `Muttamil'. In Ayurveda also the theory of `Tridosha' is followed. In Siddha System the three `Naties' are tested to find the disease, its nature, period and development.[10]

Agasthiyar in the inscription is spoken of as `Muttamil Asir' i.e. "The Teacher of three Tamils". Does the trigonal, natural front of the Tamil Academy, which was also the Principal Centre for Siddha Medical learning in the Pothigai Hill, full of medical herbs and plants represent the Muppu or the Three Nadies? Possibly it might symbolically represent them.

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[10] M.P. Thangavelu, ***Tamilakamum Siddhavaittyamum*** (Chennai, 1968), pp.140-148.

In northern Portugal an inscription belonging to C. 4000 B.C. engraved in the Indus script has been discovered. It is found to be in Chaste, Sen Tamil as an invocation to the God Siva.[11]

The Portraiture of Lord Nataraja and varuman or Agasthiyar are found in the vessels discovered in Iran. They belong to a period C. 5000 B.C. belonging to the chalcolithic period, Pasupathy seals-in the Indus Valley have been discovered. They contain legends.

In the Tunga-Bhadra valley portraiture of Pasupathy panel has been discovered.[12] But in Tamilnadu, we are yet to find any painting related to saivite lore before the Christian era.

In Andhra Pradesh-we have very important paintings pertaining to the Siddha Medical Science.

(i) A Siddhar and his disciple beneath an important inscription in the Indus script are portrayed. This Rock-Shelter cave painting has been discovered in Kannama Dukala, Kurnool Dt., Andhra Pradesh, India. Its period may probably be 3100 B.C.

The Inscription in the Indus script was decoded as 'Antira Lohamu'. It was considered to be in Proto-Telugu Language meaning the "Land of Antiram". The term 'Lohamu' in modern Telugu means 'metal'. Now it is

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11 Hens Jensen, ***Symbols, Signs and Script (Germany)*** (London, 1959), pp.6-11.

12 Malayandi Subramanian, ***Historical, Cultural and Epigraphical Studies*** (Chennai, 1982), pp.56-58.

inclined to accept the view of the learned Poet-Scholar in Telugu, Thiru Arudhra that 'Antira Lahamu' means 'the Metal of Antiram'.

The Portraiture of a Siddhar and his disciple nearby would therefore lead to two postulations. Not only Tamils, but other Dravidian Siddhars were practising Siddha Medicines. Even among the eighteen Siddhars, some are of non-Tamilian origin and belong to "Pancha-Dravidian". Metal ores in Andhra Pradesh were possibly employed in the Siddha medical preparations.

A panel depicts at Kannama Dakala, Top V Index. Possibly a pregnant woman getting the siddha medical aid. The patient, the siddha doctor-healer and the nurse are portrayed in the middle. A pregnant woman, the patient is seen in the top, who after treatment makes her exit in the third tier. It would be interesting to note that this panel is a depiction of testing a woman with three months pregnancy.

At Kethavaram, Kurnool Dt. A.P. there are many paintings in red-ochre which portray the various organs of the human body. Physiological studies are exhibited in these paintings.

**Proto-Historic Period**

'Muppu' is considered as the supreme medicine in the Siddha Medical Science. The Government of Tamil Nadu constituted a Committee to investigate into the matter of 'Muppu'. We are still to understand its Physical components, the ratio of the composition of various elements and its proper preparation. Here

the term 'Muppu' is taken into examination. It is found in various forms, which are quite interesting.

The term 'uppu' is found in Thirukkural, assigned to 3 century B.C. 'uppu Vanikan' is mentioned in Alakar koil cave Tamil-Brahmi Inscriptions. Buhler read the Battiprolu casket Prakrit Inscriptions in a special way. The Mangulam inscriptions also bear similar characteristics, which are unknown in the Asokan Brahmi.

'Uppu' is therefore a term written in Tamil.[13] 'Muppu and uppu', though employed in Siddha Medical Works of later times, reflect that Siddha Medical terminology in Tamil has come into use even before the time of Asoka.

In Vari Nul, Varunan is referred to a 'uppon' (uppon kuttu). There are no invocations in the third Sangam works to the God Varunan, who is referred to in Tolkappiyam "Varunan Meya Peru Manal Ulakamum". Hence the period of Vari Nul also would be Pre-Asokan.

## 'Cittar'

It has been held by many scholars that the term 'Cittar' is derived from 'Cittar' or 'Cittu'. Those who control the mind or the oxygen air called 'Vasi' and attained eternity by reaching the Lotus feet of Lord Siva. They never die and therefore no rebirth for them.

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[13] R. Nagasamy, ***Mahadevan Iravatham - Corpus of Tamil-Brahmi Inscriptions*** (Chennai, 1966), pp.71-75.

Cittar and Cittu

Sittar and Sittu.

They are derived from the etym 'Cintu' in Tamil. 'Cintu' stands for.

1. 'Three' (Cintati: Three feet: Tolkappiyam).

2. God Narayanan in tiruvikramavatar. (Nikandukal in Tamil). He made three steps, hence He is called `Cintan'.

3. White silk in Kannada.

4. Lord Siva is three eyed 'Mukkannan' and Cittar would therefore mean Lord Siva. In Saiva Siddhanta, Muppu, the supreme medicine and the three Nati systems might have given a basis for deriving this term Sittu, Sitta, etc.

**SPREAD OF SIDDHA MEDICINE IN TAMIL NADU**

Medicine has been taught and practiced in Tamilnadu from time immemorial. The system which is indigenous to the soil is Siddha system of medicine. This system has been developed purely by the contribution of Siddhars on their own line of thinking and achievements in the field of their research. Eventhough certain basic principles of Ayurveda and Siddha are common, their approach is entirely different from each other. This system of

medicine is founded by Siddhars on the basic principles of nature and its elements after careful and thorough study of the human systems.[14]

Before we go into the details of the second phase of development in prehistoric period, one should understand the comprehensive study of some aspect of Tamil culture and civilization, their thought process and their relationship with other countries and also within the Indian sub-continent.

For the prehistoric period we do not have direct evidences to know about the history of medicine, especially of Siddhar's Science. But we have to depend upon the excavations of other parts of the Indian sub-continent which are considered to be similar to the culture and civilization of Tamils in the prehistoric period. We can presume that some level of development might have taken place in Tamilnadu also as in the other parts of the country during that period. And moreover, before we know about the system of medicine in the prehistoric period, it is most important to go through the religious and other cultural aspects which are closely related and interwoven with the medicine. This aspect of culture and civilization can be traced to Indus Valley Civilization which is supposed to have spread from the Tamil country or vice-versa before 2500 B.C. It was noted by Hiradatus in his jottings[15] and also it was endorsed by another historian C.F. Fabri that it was solely of Tamilian civilization which has spread and developed from Tamilagam.[16]

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14 A. Shanmugavelan, ***Siddha Science of Longevity and Kalpa Medicine*** (Chennai, 1963), p.2.

15 V.L. Raghavan, ***Hiradatus***, Manivasaga Pathippakam (Chidambaram, 1982), p.45.

16 A.L. Michael Sami, ***Pandai Thamilarum Palnatu Aringarum*** (Tirchy, 1937), p.26.



Further the excavations of Mohendajaro and Harappa proved beyond doubt that this civilization had semblance of the Dravidian way of life[17], and the script resembles Dravidian language akin to Tamil, Malayalam or Kannada. The script of the civilization is completely indigenous and original and it was not brought from outside.[18] Apart from this, "Yoga" had its origin among the pre-aryan population.[19] The people of Mohendajaro had their own notions about the doctrines of monotheism, Karma, rebirth, asceticism, Yoga etc.[20] As far as religion is concerned, the people of Harappa and Mohanjadaro seems to have practiced the cult of Saivism and Saktism, the two schools of Tantra metaphysics and also they preached various aspects of Tantra sadhana. They worshipped the mother goddess, the prototype of Siva, the anionic symbol of Phallus, the Swasthica, their anthropic figures, trees and the spirit and certain animal chimeras of various symbols. This surmise to the fact that the tantra was the main cult and spiritual faith of ancient India. The founder of Tantrism is Lord Siva who is a great ascetic and Great Tantric who attained occult powers through Tantric Sadhana. The Tantras contained the essential ingrediant of vedic sacrifices, the monotheistic philosophy of the upanishads, the Bakthi religion of puranas, the yogic methods of Pathanjali and manthra aspect of Atharvana Vedam. Hence it stands for rituals, medicine, magic, mantram

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[17] T.S.Siddalingiya, ***Origin and Development of Saiva Siddandam*** (Chennai, 1979), p.2.

[18] Knorozov, ***Indian Script Akimto Dravidian Language***, **Indian Express**, Saturday May 3rd, 1980, p.12.

[19] Marshel St. John, ***Mohenjadarow and Indus Civilization*** (Delhi, 1931), p.54.

[20] A.P. Karmakar, ***The Religions of India*** (Chennai, 1946), p.6.

yanthram etc. with its Terminology appears as Vindhu, Nadam Sakthi, Manthram yanthrum, and a number of plexus.[21]

It is evident that tantrism is the basis for all the religions and the other cultural aspects. The byproduct of the cult was the development of the science of alchemy.[22] Tantrism was also the mode of thoughts and culture before the occupation of the Indus Valley region by the Aryans.

Apart from the religious aspects, there was evidence about the medicine from the Indus Valley people. The findings of stag's horn and antlers, cattle bone, silage raised the presumption that the ingredients formed part of the physician's repertoire. We can be sure that the germ of the Siddha system of medicine was formed during that period itself. It is also noticed that the cities were inhabited by the intellectual class of people like Physician and Astrologers.

The pharmacopoeia recipes of the Indus people included some of queer formula such as bile of cat or the heart of peacock,[23] "one of the small stone figurines from Harappa exhibits such a remarkable skill in delineating human anatomy that it is considered to be far in advance of the age in which it was produced".

The scholars of history of medicines are of opinion that the medicinal belief which are met in the Atharvana Vedam were most probably derived from

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21 H.C. Dass, ***Tantriam*** (Bhuvaneswar, Orissa, 1981), p.2-3.

22 O.P.Jaggar, ***Scientist of Ancient India and their Achievements*** (University of Delhi, 1966), p.188.

23 K.N. Dikshit, ***Pre-Historic Civilization of Induys Valley*** (University of Madras Publication, 1973), pp.28-29.

the Indus Valley civilization and it is also persisting from the time of Atharvana Vedam. We can find spells, incantations along with actions of witchcraft which were prevailing among the lower rung of the people and they are referred to as Dasus and Dayas whom we can call and identify with the people of Indus valley civilization.[24]

Apart from it "A certain amount of knowledge of chemistry and metallurgy were existing in India even at the time of Indus valley civilization.[25]

If this is correct the system of medicine practiced and followed by the people of the Indus valley would have been of the Dravidian type. The Aryans would have gained their knowledge and imbibed them in their literature like Atharvana Vedam and later on in Ayurveda.

Ayurveda is not mentioned in the Brahmanas and Upanishads i.e. in the period of 800-600 B.C. Only Charaka and Sushruta mentioned Ayurveda and called it as Upanga of Atharvana Veda. The vedic medicine contained only the beliefs and concepts of Indus valley civilization. After the evolution of six systems of Philosophy the medicine snapped with religion and allied with Philosophy. The medicine absorbed the theory of Nyaya, Vaiseshika and Samkya Philosophy for its philosophical Ideas.[26]

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[24] A. Kudumbaiah, ***Ancient Indian Medicine*** (Chennai, 1962), pp.7-17.

[25] O.P.Jaggar, ***Scientist of Ancient Indian and their achievement*** (University of Delhi, 1961), p.187.

[26] A. Kudumbaiah, ***Ancient Indian Medicine*** (Chennai, 1962), pp.25-27 and 29.

The deep insights on the question of healing medicine were changed consequent on the teachings of Buddha. Thus Buddhism provided an added stimulus for the advancement of medicine. At the same time we have no written records during the pre-Sangam period to prove the existence of siddha system. Since Chanakya described in his Arthasastram about a kind of Gold which was called "Vedajam" a transmutated metal into gold, we can infer that Rasavada of Siddhas must have existed prior to his period of 3rd Century B.C. Siddha Sampradayam existed even in the vedic period i.e. Atharvana vedam.[27] Hence we can conclude that Siddhar science might have been prevailing even before 3rd century.

During the period of Asoka (272-232 B.C.) hospitals were established in South India especially Chera, Chola, Pandiya and Sathiyaputra countries. The Buddish Monks or Thevars spread the gospel of Buddha in Tamilnadu by establishing monasteries. They learnt medicine and practiced.[28] Hence it is presumed that the monks might have learnt the system of medicine which was prevalent at that time i.e. Siddha system of medicine.

Sangam period spreads from 200 B.C to 200 A.D which is considered to be a classical period in which the Tamil people lived a calm and serene life. We can find out their cultural aspects like art, drama, food habits and mode of life etc. in the literatures, but we are not able to get written medical records. One can able to make out from the literature only about the medical science followed by

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27 S.V. Radhakrishnan Sastri, ***Ananda Kandum Translation and Introduction*** (Tanjore, 1952), p.7.

28 Malai Seeni Venkatasami, ***Bouthamum Tamilum*** (Chennai, 1972), p.20-29.

them. References have shown that the practice of medicine with its allied branches was in vogue during the period.

Eventhough there is no direct evidence of the existence of Siddhars and their intimate connection with the art of medicine we can presume from the description of their deeds and also from the scattered references in the literature that the siddhars were living in the Sangam period and their thoughts had permeated in the literature.

The recent study on the principles of Indian Philosophical system, showed that the Chanakya Philosophy was the oldest one which is founded by a Siddhar, Kapila.[29]

It is also presumed that this Philosophy was based on Tantrism, a original system of Indian continent. The principles of the Philosophy could be seen in the Sangam literature especially in Tolkappiam and Purananuru in which it is stated that the world is a composition of five elements i.e. earth, ether, air, fire and water. This tantric Philosophy laid a foundation for the development of siddha system in later period.

The Chanakya philosophy profounded a theory of the evolution of life with twenty five tathuvams or principles. At a later period the Chanakya Philosophy was absorbed by Saiva Siddantham of Tamilnadu,[30] and it elaborates the Tatuvams into Ninetysix. It was also absorbed in the medicine of

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[29] Thirumular, ***Karukidai Vaithiam*** (Chennai, 1924), p.3.

[30] T. Ganesan, ***Manidamum Thanthrigamum*** (Chennai, 1929), pp.73,75.

Siddhars as Saivism gave more scope and wider grounds for the development of Tantrisms. Siddhars embraced the philosophy of Saivism and included in the medicine. The philosophical ideas were not directly involved in the medicine but it was the beginning of the change during the period.

According to the authors of Siddha medicine there is very close and intimate connection between the body and the mind. The Tridosham exercise the same influence upon the mind as upon the body. When the body is diseased mind is also diseased. This theory is very well exhibited in Tolkappium, the ancient Tamil grammatical work. Again the nature of the Tridosham in the constitution of the parents at the time of giving birth of a child produce similar doshams in the constitution of the child. It is also stated in Tolkappium.[31] We know that hospitals and dispensaries were established during the period of King Asoka and it is well presumed that it should have been continued even in the Sangam age for which we do not have any literary or monumental or archeological reference to prove. But it is evident from the name of the poets like Maruthuvan Damodaranar and Maruthuvan Nalasutanar that the practice of medicine was carried out by independent practitioners. Tolkappium also attested this fact and both male and female physicians were there. It also mentions the quality of physicians along with the code and ethics to be followed by them in a nutshell. They were fond of Moral and professional rules[32] which are similar to the description of Agasthiar in his Paripurnam. Most probably this might be the basis for the development of ethics by Siddhars. It is opined that Jainism was

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[31] Tholkappium, ***Marabiyal*** (N.P.), pp.341-344.

[32] Purananooru, ***Mullai Kali***, pp.17, 25-26.

propagated in Tamilnadu during 3rd Century B.C. by Vaisaga Muni, a deciple of Buthrabagu. It is confirmed from the Brahmi rock inscription of Madurai district belonging to the 3rd Century B.C. that Jains portrayed certain principles or morals like food, refuge, medicine, education and they did as charity wherever they settled.

It is clear from the above references that the term "Pacipini Maruthuvam" confirmed the above fact that the morals of Jainism had an impact on the life of Sangam age in the field of medicine also. Moreover the Jain monks learnt the system of medicine of the land. They started practicing medicine in the monastries. It is evident from the names of their literary work after the headings of which are widely used in Siddha medicine eventoday.

Different diseases due to change in mental and physical faculties and Leprosy with its signs and symptoms were mentioned as known to them. The qualities of good medicine were also mentioned[33] and this might have become the basis for the proper definition of medicine by Thirumoolar in his treatise Thirumanthiram 8000. The theory of immunity was also rudimentary and it was known to the physicians of Sangam age even before the Chinese and English physicians.

The common herbs and parts of trees were used mainly as medicines. There was no reference to the use of metals and non-metals as medicines. The basic principles and methods of surgery like Incision, Excision, Separation,

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[33] S. Venkatasami, ***Samanamum Tamilum***, Saiva Sithantha Noorpathippu Kazhagam (Chennai, 1965), p.41.

Anastamoting, Suturing, Application of Bandage, Cauterisation and Amputation were known and practiced by the surgeons.[34]

Principles of asepsis were not known and antiseptics were not made use of. Along with surgery, the basic principles of embryology, Obstetrics and Gynaecology including Paediatrics were known to them and it lead to the foundation for a descriptive elaboration of the branch in the later period of Siddhars.[35]

Eventhough they knew the parts of the body, the mutual relationship of the organs were not made out. The physiology of respiration, of speech and voice production and phonetics were mentioned and also the changes in the body to the different kinds of emotions were known to them long before the modern physiologists discovered.[36]

The Army was followed by Nurses. The wounded soldiers were carried to the camps and treated by the Nurses. Thus the art of Nursing was in vogue.[37] The main aim of the physician was for long and healthy life. They advised to refrain from anger and desire to keep the mind tranquil along with proper diet to

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34 Purananooru, ***Seyyuliyal*** nd, pp.372-379.

35 Natrinai, ***Tholporul Karpu*** nd, p.144.

36 Tholkappium, ***Pirappiyal-83*** nd, p.505.

37 Avvai. Duraisamy Pillay, ***Iyngurunooru Urai*** (Annamalai University, 1948), p.972.

keep the body healthy. They attached much importance for the environmental sanitation and personal hygiene.[38]

Religion played a very little part in medicine during the Sangam period as it was not given much consideration or importance.[39] Though there was no mention of the name of system of medicine which was in practice, it is presumed that a system of indigenous medicine of the land might have been known and practiced by the physicians and the practitioners of medicine must be of Siddhars. At the same time they used amulets and spells in the practice of medicine. So the medicine in that period was founded simultaneously upon empirical knowledge and upon magical tradition and also to some extent rational.

In the post Sangam period the philosophical ideas dominated the field of medicine. Valluvar mentioned the various aspects of medical systems and indicated the Thridosha and Panchabutha theory in his text. Tamilians had cultural, political and commercial relationship with other nations at the period of Valluvar. Hence the cultural atmosphere of Tamil land was saturated with best thoughts. He observed the various conditions and aspects of life and compared with that of others prior to his period. This inclusion inspired him to write about medical thoughts which were formed by the intellectuals prior to his time. The ten couplets (from 941-950), devoted to medicine, give a clue to the state of medicine in his period.

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38 Thirumurugu, ***Pathittrupathu***, nd, pp.13-24.

39 R. Rajamanickam, ***Thirumandira Araichu*** (Chennai, 1972), p.23.

The role of dietetics, the duties of physicians in healing diseases and four main divisions of the medicine give an idea to the health and healthy methods of Tamils of that century.[40] The theory of Tridosham has been established in medicine during that time. The system of medicine according to Valluvar contains four divisions i.e. Patient, Doctor, Medicine and Nurse. This statement is similar to that of Sushrutha who mentioned the physician, the patient, the medicine and the Nurse are the four fundamentals upon which the cure rests.[41] Sushrutha is supposed to have lived in the 2nd Century A.D. in North India. Materials are scanty to prove the exact nature of medical practice in the post Sangam period in Tamil Nadu. Stray reference here and there in literature like Silapadikaram, Manimegalai etc. stressed that prevention was essential rather than cure. We can conclude from the list of diseases and several anatonical features mentioned in them that medical knowledge existed during that period.

The term "Ayurveda" was first mentioned in Silapadikaram.[42] It denotes that Ayurveda slowly creeped into Tamil land and embraced the native Siddha system. There are many records and archeological evidences to understand the existence of hospitals and medical schools in the medieval period i.e. the period of Pallavas, Cholas and other rulers. Eventhough the institutional system began to dwindle, the maintenance of hospitals were looked after to some extent by the rulers of South India. Due to the influence of Sanskrit over the Tamil land, the

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40 N. Kandasamy Pillai, ***History of Siddha medicine*** (Chennai, 1998), p.274.

41 Jungan Tharward, ***Science of Search of Early Medicine*** (London, 1962), p.218.

42 Silambu, ***Indiravila Eduthakadai*** (Chennai, 1936), pp.43-44.

rulers patronised and used it as their official language for inscription purposes. Even the Siddha preparations were mentioned in Sanskrit names only.

Some archeological evidences prove the existence of hospitals and medical schools. The hospitals and schools were maintained by the temples during the period of Vikrama Chola. During the Chola period, hospitals and medical schools were started. Tax free lands were assigned to the physicians. A medical school was maintained at Thiruvavaduthurai.

In the 7th Century A.D., during the Pandian rule, it was mentioned that 2 physicians by name *Maran kariand, Maran eyinar* were there in the cabinet of Pandiyans as Ministers. In the 11th Century A.D., during the rule of Veera Rajendran, Hospitals were maintained by the temples. Surgeons, Physicians, Pharmacists and Nurses were employed in the hospital.[43] We have evidences to the functioning of the hospital system and the expenses for each of the incumbent in the hospitals.

After the Vijayanagar rule in Tamilnadu, there appeared petty states which were ruled by different chiefs. They also patronised the medicines on their own lines. Raja of Sarfoji of Tanjore (1798-1832) collected the best of Siddha, Ayurveda and Unani recipes, put them into test, standardised and brought them into print. He brought out several volumes. Later Raja of Ramnad patronised Siddha system and brought out a valuable Text book on siddha medicine under the name Vaidya Sara Sangraham. Thus the Rajas, Jamindars,

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[43] K.A.N. Sastri, ***Chola*** (Chennai, 1979), p.469.

Heads of Mutts, Temple trustees, Charitable institutions and Mirasdars patronised and preserved the siddha system of medicine from the ancient period upto the modern times. Temples had their own herbal gardens to cultivate medicine and plants.[44]

Printed matters on Siddha are available from 18th century onwards. But it does not mean that siddha literatures were written only during that period. The system was handed down from Guru to disciple for centuries together and also they were written in palm leaves. Numerous texts were added to the literatures by different authors. Hence we have to conclude that all the subject matters are derived from the tradition originated by the Siddhars.

During the Muslim and British periods the Siddha medical system faced a decline. Some exotic drugs were introduced by muslim practitioners of the unani system of medicine. Some herbal drugs were also brought into this continent from western countries. These have been absorbed in the modern siddha materia medica. By the end of the 19th century and in the beginning of the 20th century, individuals like Virudhai Sivagnana Yogi, Abraham Pandithar of Tanjore, Pandit C. Kannuswamy Pillai, Vaidhyaratnam C.S. Murugesa Mudaliar and Pandit S.S. Anandam etc. made efforts to keep aloft the torch of Siddha medicine. It was in the early half of 20th century that the efficacy of the Siddha medicine was brought to light by the then Government of Madras by the appointment of a Committee. Later a school was started, called as the School of

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[44] N. Kandasami Pillai, ***History of Siddha Medicine*** (Chennai, 1998), p.541.

Indian Medicine at Madras. Since then considerable interest has been evinced in the ancient system of Siddhars.

**The Tradition of Siddhars**

The history of Siddha medicine dates back into the prehistoric period and ancient medical literature of Agasthiar and other Siddhars exist to-day only in the form of compendiums of older treatise that existed before. Its origin and development is a matter of very remote antiquity. The period of Siddhars could not be fixed accurately but they existed even before the birth of Jesus.

The word Siddhar means as one who attains perfection (Siddhi) in life arts such as Philosophy, Yoga, Wisdom, Alchemy, Medicine and above all the art of longevity.[45] Ordinary common individuals have certain natural instincts which dominate the personality. Certain individuals practiced to control their instincts to attain wisdom. Those persons, whom we call as Arivars or Siddhars, or referred as Nithars by Valluvar since they cast of all the instincts.

Almost all the siddhars worshiped or adored "Valai" one of the five popular forms of Eswari. Those who desire Siddhis worship Valai or Bala. She is represented as ten year old figure and is the quintessence of knowledge.[46]

Eventhough Sakti cult had its origin in prehistoric period it passed through different stages of evolution and showed different manifestations. But

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45 R. Manickavasagam, ***Thirumandhira Research*** (Chennai, 1982), p.40.

46 S. Jayachandran, ***Sakthi*** (Madurai, 1965), p.53.

historians generally assign the period between 6th and 7th Century A.D. to the origin of this cult.

Recent authors of Siddhar's philosophy are also of the opinion that the period of Siddhars, who are the worshipers of Valai, must be between 5th and 10th Century A.D.

**Agasthiar**

Agasthiar of Tamilnadu known as Kurumuni, a Siddhar, has written volumes on Medicine, Yoga, Alchemy and Philosophy etc. which are considered not of his own but a literary forgery. It is considered that someone might have composed in his name just to give a divine origin for the work.[47]

Eventhough the life and story of Agasthiar is an unbelievable legend we have to cull out certain truths out of it and come to a conclusion that he might have lived in the hoary past. His teachings might have been handed down to the posterity through memory. There is a reference in Veerasozhium that Agasthiyar learnt Tamil from Avalogithar. It is a great surprise and wonder that Tamil Saint who is supposed to be the first Tamil grammarian, learnt Tamil from a Buddhist of North. Avalogithar, a Buddhist, taught medicine to Vagabata, a great physician of Ayurveda of North India in the 7th Century A.D. and he lived in the Indus region.[48] Most probably Agasthiar might have learnt some branch of medicine from Avalogithar during this period. It is also noticed from

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47 A. Shanmugavelan, ***Siddhar Science of Longevity and Kalpa Medicine*** (Chennai, 1982), p.40.

48 Julius Jolly, ***Indian Medicine*** (Poona, 1951), p.12.

Kandapuranam that Agasthia had a son through his wife Lobamuthirai, named after Siddha.[49]

It is a clue from the above lines that Agasthiar might have been the head of the other Siddhars. In the name of Agasthiar there are nearly 342 literary works on medicine and it is difficult to establish the genuinity of the literatures. Yet Agasthiar is considered to be the "Hippocrates of Siddha medicine", "the prince of Indian doctors" and also "one of the greatest Philosophers of India".[50]

He propounded the theory of pulse in his various texts (about 736 verses Pathinen Siddhar Nadi Sasthiram). It is the unique theory of Siddha system of medicine and it is neither mentioned in Ayurveda nor the Ayurvedic practitioners knew it for a very long time. It is only in the Tantric literatures that a proper delineation of the subject is to be found. In the age of Tantra a large body of physicians came into existence who depended chiefly on pulse for diagnosing all kinds of diseases.[51]

The above said tantra literatures are nothing but siddha literatures, since the Siddhars were tantrists. It is a boon for the physician in finding out the exact nature of diseases without the aid of appliances and they found it successful. Even the Chinese physicians attached much importance to pulse and they too knew large number of different pulse beats which indicate specific ailments.[52]

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[49] Sadasiva Pandarahar, ***Illakiyamum Kalvettum*** (Chennai, 1959), p.38.

[50] N. Kandaswami Pillai, ***History of Siddha Medicine*** (Chennai, 1998), p.266.

[51] Prabhakar Chatterjee, ***Indian Science of Pulse*** (Bihar, 1934), p.37.

[52] Jacques Garnet, H.D. Wright, ***Daily life in China*** (Chaina, 1959), p.167-168.

Most probably the system of pulse might have spread during the cultural contact of Chinese with South India. It is surprising to note in detail the embryology in treatises like Vallathi, Vaidya Sadagam and Sadaghanadi. Even the physician of other countries did not know the growth of the foetus at the time when Agasthiar described it. It is also more or less similar to the views of modern embryologists.[53] Other siddhars like Yogi, Dhanvanthri followed his theory and mentioned it in their texts.

Agasthiar also prescribed certain codes and ethics to be followed by the physicians like that of Hippocrates. In addition to it, he has dealt alchemy in detail. The tretise on ophthalmology is considered to be the best even to-day and the signs and symptoms of different diseases described are similar to that of modern ophthalmology.

**Thirumoolar**

Though Agasthiar is considered to be the head of Siddhars, Thirumoolar belonged to earlier period and his text Thirumandiram is the oldest Literature available on certain aspects of medicine. He is considered to have lived in the 5th Century A.D.

Thirumoolar was the first Siddhar who mentioned the fundamental philosophical tatuvams like ten vayus, ten nadis in his treatise. This philosophical idea started to have its inroads in the field of medicine by then and formed the basis of medicine. Since he has described the Yoga philosophy with

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53 K. Durairajan, ***Karu Urpathiyum Valarchiyum*** (Chennai, 1996), p.69.

its implications to attain the siddi, it is needless to say that he knew the fundamentals of anatomy of nervous system and physiology of respiration. He believed that the body is not only the abode of truth but also the best medium for realising the truth and he disclosed that the human form is a manifestation in infinite space and eternal time which is revealed through the yantra thathuvam. The compendium of Thirumoolar are not cursory or confused writings of a novice but showed a well developed thesis. This shows that science of medicine and surgery must have been gradually developed for several centuries before his time.

He also laid a foundation for embryology in Siddha medicine which on later date was developed by others. A proper and apt definition of medicine in his treatise 8000 (Thirumoolar Ennayiram) holds good even to-day and also he insisted for prevention rather than cure.

**Bogar**

Bogar was considered to be a Chinese philosopher who came to South India and learnt medicine. He also travelled widely. It is also stated that one Foor Fohi went to China to propagate Buddhism in the 1st Century A.D.[54] He described the medicinal properties, sources, description and action of 473 plants and organic and inorganic materials i.e. pharmacognosy. This seems to have paved the way for further development of Pharmacology in Siddha system. It is also supposed that the development of Pharmacognosy especially in vegetables

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[54] R. Manivasakam, ***Namnattu Sitharkal*** (Chennai, 1981), p.33.

and mineral kingdom was improved only after Bogar's visit to Arabia, Persia and Turkey.[55]

The Pharmacognosy (Saraku Vaippu) is the best out of his other treatise on Yoga, Alchemy, Medical Glossary etc. He was the deciple of Kallanginathar. Karuvurar, Pulipani, Idaikadar and Kongunavar are supposed to be his disciples.

**Theraiyar**

Theraiyar, one of the eighteen siddhars, was a disciple of Dharma Sowmiyar. He lived in the 5th Century A.D. From the name itself one has to infer that he might be a Buddhists Monk. Eventhough he has written several books on medicine, the materia medica (Pathartha Guna Sindhamani), the examination of urine for clinical investigation (Neer kuri) and the rules for diagnosis or preventive medicine (Noi Anuka Vidhi) are supposed to be the best. He also wrote a treatise exclusively for the oily preparation (Thaila Varga Surukkam). The lucidity and the style of the language showed his versatility in the subject. On the basis of the materia medica only the recent authors were able to bring out their own in modified versions using the modern definition and theories.

**Yoogimuni**

The other Siddhar, Yoogimuni, who is supposed to be the disciple of Theraiyar, has written on medicine and treatment in an analytical way which

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55 T.V. Sambasivam Pillai, ***Medical Dictionary*** (Chennai, 1976).

gives a vivid description of diseases with treatment. Hence, it is considered even now as the best book on medicine (Yogi Vaidia Chindamani).

Before considering the matchless contribution of Yoogi Maha Muni towards the enrichment of Siddha System of Medicine, let us briefly look into his life history. Bogar Maha Muni in his Bogar 7000, under part 4, from poem 622 to 633 and again under part 6, in poem 944 has furnished some details about Yoogi Maha Muni.

Bogar says, "Yoogi Maha Muni was one among the greatest Siddhars. He lived for many many years enjoying family life. He was a Guru for Jamathakni Muni and Thiranagni Muni. My respectable Guru Kaalaangi Nathar has narrated to this humble servant (Bogar) about his greatness".

When Yoogi Muni travelled all over the South to investigate the herbal richness of the hills and mountains, he walked on the Panri Malai hills into a thick forest where he found a stone pillar across his path. He happily chose that place for his Samadhi and went into dormancy. Suddenly one day there occurred a terrible tremor, with a great bursting noise. He became frightened, stunned, and stood motionless. Suddenly there appeared a great light of column before him and stood to enormous height even beyond the sky. It appeared as if it could not be explained in words and seen by human eyes. The entire universe, planets and stars in the cosmos appeared as if affected by the great and indescribable tremour. On seeing this, Yoogi Muni felt giddy and fell prostrate and later when he again opened his eyes and looked up he could see clearly the great Sri Sambara Muni to appear with his beautiful body.

Immediately on seeing the sight of the great personage our great Siddha - Yoogi Muni touched the holy feet of Sri Sambara Muni, praised him and reverentially prayed to teach him Yogas. Sri Sambara Muni was pleased with Yoogi Muni and taught him all the nuances of Yoga and advised him to stay before his Samadhi and went into Samadhi. Yoogi Muni stayed there for many years. He too thought of entering into Samadhi and before that he engraved on a stone about the signs that would manifest at the time of his coming back out of his Samadhi. He wrote that when I reappear again in this world, it would be like pre-dawn, that is a mixture of day and night, and then entered into Samadhi and remained in that stage for many years.[56]

Suddenly one day there occurred a thundering sound and Yoogi Maha Muni came out of his Samadhi. The body even after many years of Samadhi was undegenerated. He came out happily with long hairs like that of the aerial roots of Banyan tree, because of prolonged dormancy. He had taken the timeless and ageless rejuvenator-Kayakalpam and lived in this world for crores of years. Finally he left his own body and entered another inanimate body. He appeared with his head, body and limbs lying scattered separately and lived in this way in the world.

He led a miraculous life in this world. Countless people have seen him and heared of him. This supreme teacher had acquired all the knowledge of ancient books and studied many a science and possessed deep knowledge in Yogas and had great love on Bogar's Guru Kaalaangi Nathar.

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[56] S.V. Subramanian, ***Heritage of Tamil's Siddha Medicine*** (Chennai, 1984), pp.618-621.

He displayed supernatural powers, assumed different shapes or forms and attained many success and lived for many years. Though this account seems to contain lot of elements of fiction, the constant endeavour made by the medical men to identify the herbs in the forests and hills, the various experiments made by them to prove their effects and the teleological continuity on their findings are of great importance.

The great Siddha works done by Yoogi Maha Muni are :

1. Yoogi Munivar Vennba 40,000 (Not available).
2. Yoogi Munivar Vennba 1,20,000 (Not available).
3. Yoogi Munivar Pidivaatham 1000 published by Madurai Kamaraj University with Prof.N.Sethu Raghunathan's Concise meaning.
4. Yoogi Munivar Vatha Kaviyam Muthar Kaandam 1000, with Prof.N.Sethu Raghunathan's Concise meaning, in press.
5. Yoogi Munivar Vatha Kaviyam 2nd Kaandam 1000 and Theraiyar 1500, with Prof.Sethu Raghunathan's Concise meaning, in press.
6. Yoogi Munivar Vatha Vaidya Ulaa 1000 (4250 lines), with Prof.Sethu Raghunathan's Concise meaning, in press.
7. Yoogi Munivar Vatha Kaaviya Kummi 1000, with Prof.N.Sethu Raghunathan's Concise meaning, in press.
8. Yoogi Munivar Paripooram 200, with Prof.N.Sethu Raghunathan's Concise meaning, in press.
9. Yoogi Munivar Vatha Paripooranam 400 (Not available. See Poem-5 of Paripooranam 200).

and had conducted on-the spot investigations of life saving herbal trees, creepers, plants, tubers, etc. daring dangerous animals and reptiles in the thick forest during days and nights for years together. He has furnished exact location details in the hills of southern India which can be easily identified even to this day.

The Botanical Survey of Southern India in Coimbatore, with a team of trained scientists is undertaking similar job in the present days in contrast to the works of Korakkar who did this challenging work single handedly hundreds of years ago.

Like Korakkar Ma Muni had travelled round and round and stayed in hills and plains and conducted research and wrote many books, Yoogi Muni also travelled all over India and the world, met many Ma Munis and discussed with them, served under Agasthya Ma Muni and directly learnt the practical methods of pharmaceutical preparations and wrote many books for the benefit of mankind.

In his Vaidya Chinthamani 800, he has written clearly about 4448 names of diseases and details of curable and incurable diseases. The physicians should learn about this completely and posses sound knowledge before attempting to treat the patients. Saara Sankiraham is a very good medical book. Yoogi Muniver Pidivaatham 1000 is an unparallel work. In Sarangathara Samhithai, under the note it is written that there is no such medical book in Sanskrit. There is no limit of greatness for his other works also. He insists in his another work "Vaathanga Deetchai", "You get it done and that you can dominate the world".

**Thiru Murthi Parpam**

Even before attempting to make gold, Yoogi Muni insists that one should prepare the following medicines, treat patients, accumulate wealth and then think whether it is necessary for making gold, since the service to humanity by eradicating their diseases is far greater in esteem than possessing gold.

| | | |
|---|---|---|
| 1. | Mercuric chloride liquid | 5 palams (175 grams) |
| 2. | Chinnabar liquid | 5 palams (175 grams) |
| 3. | Calomel | 5 palams (175 grams) |

- MUCHUTHAM

Put the above three substances in the pit-stone grinder and grind well to the fine degree and preserve it in powder form. Take two mud pots having equal mouths. Rub these mouths well so that they will about each other without gap. Fill in one of the pots in full, the roasted Sodium Chloride. Make a pit at the middle of the contents and fill it with the above said powder containing "Muchootham". Cover this pot with that of the other so that both the mouths would be tightly confirming to each other. Apply mud plaster on seven pieces of ribbon like cloth and cover around the mouth seam, one over the other and allow the unit to dry. Carefully lift this unit and place it on an oven and burn it for 33.33 hours, offering pooja and praying God. Then remove the unit from the fire and allow it to cool. Remove the mud plasters one by one carefully and clean the seam. Now remove the top mud pot slowly and you will discover the

sublimate inside. Use a hair brush to scrap it and store in a glass vial untouched by hand and well corked.[58]

**The method of making Mercuric Chloride Liquid**

File a rail bit and take 2 palams (35 grams) of that fine powder and with 10 palams (350 grams) of Mercuric Chloride. Grind well in a pit-stone grinder. Liquid (Rasam) will separate by itself. Store it in a bottle.

**The method of making Cinnabar Liquid**

Take 10 palams (350 grams) of Cinnabar and grind it in a pit-stone grinder by slowly adding the acid as said in the book and put this in an enamel vessel whose outside is covered with mud plaster, and place it on an oven using paddy husk as fuel, and fry it and remove it under optimum condition and put in a pot whose inside is applied with either Banana leaf juice of Solanum Nigrum juice and dried. Cover this pot with another pot of the same size invertly and apply 7 layers of mud plasters to cover the seam and allow it to dry. Place this unit on the oven and burn it with even fire for 12 hours and remove the unit and allow it to cool. Remove the mud plasters carefully and clean and seam, and slowly remove the top pot and you will find the sublimate inside. Carefully collect this by using a hair brush and store in a bottle well corked.

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[58] S.V. Subramanian, V.B. Madhavan, ***Heritage of Tamil Siddha Medicine***, Chennai, 1984, p.618.

**The diseases that can be cured by 'Thiru Murthy Pathangam'**

With due reverence and offering Pooja to Siddhars take the quantity according to the individual requirements of the patients and give it with palmgur for 40 days.

1. I swear on Lord Siva, that all the diseases will be cured.
2. I swear on the Mother, 18 kinds of leprosy will be cured.
3. I swear on Nandhi Deva, all the colicy pains will be cured.
4. I swear on Aswini Deva, 18 kinds of Rheumatism will be cured.
5. I swear on Danwantri Muni, 40 kinds of Pittam will be cured.
6. I swear on Agasthya Ma Muni, 96 kinds of consumptions will be cured.
7. I swear on Pulathiyar, all kinds poisonous dropsies will be cured.
8. I swear on Theraiyar, chronic poisonous diarrhoea will be cured.
9. I swear on myself (Yoogi Muni), all the diseases will be cured.
10. I swear on 33 crores of Devas and prepare the medicine.
11. The God-Absolute.

Prepare the medicine according to the skill of hand in compounding, and preparing medicines, and practice the medical profession in a beautiful manner and that you will succeed. Thus Yoogi Ma Muni reiterates the efficacy of Siddha system and swears that it is truth.

Because of either laziness or having no faith in the system, Siddha Physicians do not make medicines. Even the few who make it, offer names of

other system of medicines. For example they make Siddha medicine for jaundice but offer a different name.

**Pancha Chootha Meluku**

1. Cinnabar Varagan 2 (7 grams)
2. Calomel Varagan 2 (7 grams)
3. Mercuric Chloride Varagan 2 (7 grams)
4. Red precipitate of Mercury Varagan 2 (7 grams)
5. Mercury Varagan 2 (7 grams)

Purify all the above five substances individually and put all of them in a large iron spoon and place it on a slow fire, trickle *Tribulus terrestris* juice, stir it and after dehydration drop *Moringa pterygoserma* juice and stir the content. After dehydration trickle breast milk and allow to dehydrate while stirring simultaneously. Then grind the stuff in a pit-stone grinder until it becomes like wax, offer Pooja to Lord Ganapati and Maheswari! All the Siddhars kept this method as a closed secret for many years. But this have been revealed for the benefit of mankind.

**Diseases cured :**

1. Apoplexy 13 will be cured within a second (Vehicle-breast-milk).
2. Dosham 7 will disappear.
3. Convulsion will be cured.
4. All kinds of fever.

5. Colic of 8 kinds will be cured - Give it in Cissus Quardran-gularis decoction.
6. Sooloi (Excruciating screwing pain in abdominal region, back and hip) and Arthritis (Vehicle-Pumago Zeylenica root decoction).
7. Glandular swelling in the groin, arm pit etc. Give it in pepper powder "we said this, "9 crores of Siddhars appreciated it. No sufferings for the people who took this medicine".

   Localised wind/air

   Poisonous wind in hands and feet

   Air localised in the centre of fine head

   Chest diseases.

   Side Soolai 9 kinds.

   Convulsion 5 kinds.

   Air in the base of nose.

   If given in garlic oil `Patharu Sanni' 96 and external convulsion and Dosham get cured.

   For black magic with proper supportive medicines (Give it in neem leaf juice).

**The Medicine in *Solanum tribolatum* decoction for following conditions**

1. Consumption, hard breathing, distention, asthma, hiccup, vomiting, unconsciousness, vomiting of blood, vomiting of bilious matter, etc.
2. Asthma during cloudy or rainy seasons.
3. Phlegmatic rheumatism.

4. Consequences of wasp sting will be cured if given in *Piper longum* powder with honey.
5. Eighteen kinds of leprosies.
6. Air localisation Soolai with ulcers and
7. Glandular soolai will get cured.

The above details we have furnished for the guidance of expert physicians.

**Calomel Parpam (Yoogi Muniver Karisalai - 97 and 98)**

1. Mercury ½ part
2. Mercuric chloride ½ part
3. Calomel 1 part

Grind the above three with the acid, as said in Yoogi's book, fill it in a crucible, close it and dry and put on a slow fire and blow it without smoke till it is calcinated, looking pure white.

Very useful for (1) Arthritis, (2) Passing of difficult urination with pain in the back and groin, (3) Glandular swelling and (4) Ulcers etc. Reduce the quantity to the nearest minimum start from quarter mustard seed quantity and increase it, depending upon the strength of the patient. Can be given even to children. No regimen.

**Purified Sulphur Pills**

"This is the medicine for our Siddhars community" (50th line). First make Alumn liquid. Crush 16 palams (560 grams) of Alumn, put it in a pot, close it with a Steel vessel, put mud plaster to seal the seam, dry it and extract liquid after placing it on an oven. The liquid will be white in colour. If Salt Petre is added this will become Nitric acid. Take enough sulphur and grind with this liquid, and dry. Take a pot and pour cow's milk to half height and close the mouth with a cloth. Spread sulphur powder on this cloth and cover it with a mud pan. Apply mud plaster to seal the seam, dry it. Place it on an oven. Boil it. The sulphur will melt in the steam and dissolve in the milk. Remove it and purify like this for 5 times. Take this purified sulphur and grind it with equal quantity of purified mercury. It will become black. Take Croton Tiglium seeds, remove the sprouts, roast and weigh it to be one eighth of the compound and add with the compound and grind well and store. If needed they can be made into pills. Give this with supporting medicines for 40 days and you will find the following diseases cured.

In conclusion, Siddha medicine was not produced at any time out of nothing, but there was always a continuity of the Science of life. The science has always been in existence and the people had always understood it in their own way.[59] A veteran Ayurvedic physician expressed that "the Dravidian School was probably independent of the Sanskritic school". This must have started either contemporaneously with Atreya and Sushrutha or even prior to

[59] A. Lakshmipathi, ***Principals of Ayurvedic Treatment*** (Chennai, 1956), p.6.

that. So the Siddha system of medicine is as old as the Ayurveda and most probably the systems might have been evolved from the same origin. They might have developed on their own line of thinking and methods except the basic principles like Tridosha and pancha butha theory. The science of pulse, methods of diagnosis by eight kinds of clinical examination (Envagai thervu), the principle and philosophy of Yoga and alchemy are the distinctive features of siddha system. These features are not well formed in Ayurveda and it absorbed this aspects of medicines in its texts in the later period. So we find some reciprocity from each other of their methods and thoughts and hence we could not differentiate with each other at present. Siddha is not considered to be merely a compendium of therapeutics based on herbs, animal and mineral resources. It is claimed to be a philosophy of life and living. Its object is to balance the three essential elements i.e. vadham, pitham and kapam.

# CHAPTER - III

# *Siddha Medicine in Tamil Nadu during the Ancient and Medieval Periods*

# CHAPTER - III

# SIDDHA MEDICINE IN TAMIL NADU DURING THE ANCIENT AND MEDIEVAL PERIODS

The historian studying about ancient Indian medicine is greatly handicapped by want of inscriptions or manuscripts or other records as are available for other ancient medical systems, such as those of Mesopotamia and Egypt. He has no cuneiform records or papyri to enlighten him on this knowledge. The seals and tablets discovered at Harappa and Mohenjo-daro are yet to be deciphered. After the extinction of the Harappa civilization area (B.C. 1500), recorded evidences are not available until the middle of the 3rd century B.C. The famous Asokan inscriptions cut on surfaces or natural rocks or on pillars during the third century B.C. only propagate Buddhism. Again they are in the Brahmi script, which appears to be of Semitic origin. Thereafter one has a more or less regular series of epigraphic monuments.

It is held that the ancient literature available on Indian medicine is the Atharva-veda. It forms the fourth Veda and is also known as the Brahma-veda. Next we hear about the works of Charaka, Susruta and Vagbhata who formed the famous "Triad of the Ancients" (*vrddha-trayi*). Charaka's date is a matter of keen controversy. He is believed to have been court physician of Kanishka, but there is controversy about the latter's date also. "Charaka Samhita is the store house for the rich harvest gathered from the preceding creative centuries, in the form of monographs, treatises and lessons. In content these are independent to a

large extent and tend to repetition, increasing the bulk of the available information and offering, in incomparable detail, a valuable source of insight into the speculative implications of medical thought."[1]

The next important source of Ancient Indian Medicine is Susruta Samhita. It is viewed that there might have been two Susrutas, namely Susruta, the elder and Susruta, the younger. The original work of Susruta the elder, before it was revised and supplemented by the anonymous Susruta the younger, is his Salya-tantra. In fact, the very name Uttara-tantra or `later tantra', which Susruta the younger has given to his complementary part of the compendium, implies that the original portion, which he revised and complemented, was the early tantra of Susruta the elder, and by that name, viz., Susruta Salya-tantra. Susruta the elder's work is still referred to in the commentary of Gayadasa. Susruta's original work consisted of only five sections and deals mainly with surgical matters. At a later period, an anonymous writer composed a supplement called the Uttara-tantra which treated all subjects unnoticed by Susruta, the elder. It is held by many that Susruta Samhita was completed by the 2nd century A.D. The Uttara-tantra is of great importance in the study of ancient Indian medicine. It gives an insight into the state of medicine at the beginning of the Christian era. In his introduction, the author of Uttara-tantra says : "This part comprises within it the specific descriptions of a large and varied list of diseases, viz., those which form the subject matter of the Salakya-tantra (diseases of the eye, ear, nose and throat) as narrated by the king of Videha; the aetiology and symptomatology, etc., of diseases peculiar to infants and women

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1 H.R. Zimmer, ***Hind Medicine*** (New Delhi, 1926), p.58.

(Kaumara-bhrtya), the pathology, etc., of those diseases mentioned in the six books of the Practice of Medicine *par excellence* (Kaya-chikitsa) compiled by the holy sages of old and the diseases known as Upasarga (e.g. Bhutopasarga : Demonology) as well as diseases of traumatic origin are also included in this supplementary text." The six books on the practice of medicine compiled by sages of old, as Dallana points out, must refer to the treatises of the six pupils of Atreya. This is the first reference we have to the existence of these treatises. We learn also of the growth of surgery as an independent discipline. It mentions the Salakya-tantra of Videha, traditionally the founder of the science of Ophthalmology. Bhutavidya and Kaumara-bhrtya do not form a part of either Charaka Samhita or of Susruta Samhita proper. They are introduced by the back door into classical medicine, showing that Bhutavidya still commanded a great deal of attention. The existence of a Tantrakalpa period in Indian medicine prior to the samhita period is confirmed by Uttara-tantra. It would be interesting to know where the author of Uttara-tantra got his materials for his Bhutavidya and Kaumara- bhrtya.[2]

As regards Vagbhata we again have accounts about two such personalities. We do not get sufficient knowledge about Vagbhata I. But Vagbhata II is best known as the author of Astanga Hrdaya-Samhita, i.e., the quintessence of medicine. With arrangement similar to Susruta, in six sthanas and 120 chapters, it contains a lucid and versified presentation of the whole of medicine, with special reference to surgery, as in Susruta. He quotes both from Charaka and Susruta and also Bhela, Nimi, Kasyapa, Dhanvantari, and, in the

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2 A.F.R. Hoernle, ***Archaeological Survey of India*** (Calcutta, 1912), p.222-225.

introduction, the son of Atri, Agnivesa and other rishis. Astanga Hrdaya conforms more closely with Charaka than with Susruta. At the end of it he also mentions the Astanga Samgraha of Vagbhata the elder, which the author clearly characterises as his chief source. It is from this reference that we discern something about Vagbhat I. The age of Vagbhata II is fixed with the help of the evidence of the Tibetan and other sources which point to the eighth or ninth century as the probable date of him. If Astanga Hrdaya can be identified with the book 'Atanka' of the Arabian sources it would point to the 8th century as the probable date.

There were other authors on Indian medicine, namely Madhava and Drdhabala. They were posterior to Vagbhata I, and anterior to Chakrapanidatta, another authority on ancient Indian medicine. The evidence of Arabic sources points to the 7th or 8th century for Madhava and that of Tibetan and other sources to the 8th or 9th century for Vagbhata II. Drdhabala takes his place intermediately between Madhava and Vagbhata II. Accordingly it is possible that all three of these medical writers come in the period from the 7th to the 9th century, at no great interval from one another. In any case, none of them can be later than 1060 A.D., the date of Chakrapanidatta.

Another important source of ancient Indian medicine is the Mahavagga of the Vinaya-pitaka.[3] In Kandhaka VI "On Medicaments" we have a reference to diseases produced by *Pitta* and *Vayu*. Besides, it is mentioned that a certain Bhikkhu had a superfluity of humours in his body. Jivaka is said to have treated

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[3] A.F.R. Hoernle, ***Journal of the Royal Asiatic Society*** (New Delhi, 1906), pp.288-289.

the Blessed for a disturbance of the humours. In both these cases the word *dosa* is used. Among the medicaments it mentions roots, leaves, fruits, gums, five kinds of salt, chunam, as well as raw flesh and blood. Among medical appliances it mentions the pestle and mortar, ointment sticks, a nose spoon and a pipe to inhale fumes through the nose. It speaks of fomentations (*swedana*), blood letting for ague, a horn to let blood, lancets to open boils and bandages. It mentions the same treatment for the derangement of *dosas* as in Charaka and Susruta. In Kandhaka VIII, it gives an account of the birth, childhood and medical training of Jivaka. It mentions that he had his training under a famous physician of the times at Taxila. It also states that he was the court physician of King Bimbisara.

**TAMIL SIDDHA SYSTEM OF MEDICINE**

The Siddha system of medicine did not totally distance itself from the other ancient Indian medical practices. It imbued some features of the Ayurveda that was most popular in ancient North India. The Siddha system maintained some distinctiveness which could be understood from the literary works of Siddhars.

The Sangam literature is replete with scholars who observed Nature with uncommon keenness. In the course of a few millennia, many thinkers arose among them, some of whom developed their meditative and contemplative powers to super-human dimensions. They sought to understand Self, Man, Matter, Universe-almost any thing in short, by intense concentration for which they repaired to the sylvan solitude and cavernous shelter, where human

artifices could not molest. There they merged with Virgin Nature to fathom her depths and span her expanse. At long last when they emerged with new light on their quests, people adored them as Siddhas - the accomplished ones. Their crystallized thoughts transcended time and spoke across centuries during which scores of disciples endeavored to unravel their mystic and cryptic utterences. Eighteen Siddhas are traditionally credited with having originated Tamil Medical Knowledge.

In spite of its very ancient and mystic authorship, this system continued to be virile, acquiescing in whatever that was happening in the Medical World around, first, in the Ayurvedha from the north; and later in the Western Medicine, after the advent of the Europeans - till Queen Victoria proclaimed herself as the Empress of India.[4]

The Siddhars were a class of popular writers in Tamil in all its branches of knowledge in the ancient period. Many of their works were written in what is called classical or high Tamil. Most of the Tamil writings of the ancient period are in poetic form. Even the medical and other scientific tracts have been composed in such a way. The Siddhars were further the greatest scientists in ancient times. They were men of highly cultured intellectual and spiritual faculties combined with supernatural powers. Their works in Tamil are supposed to be more valuable than many that have been written in Sanskrit. They are said to be works less shackled by the mythological doctrines of the original Ayurveda. They contain a large number of valuable formulae and

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4 Sirchabai, ***Tamil Maruthuvamanbu***, in the ***Proceedings of the 183-International Conference of Tamil Studies*** (Chennai, 1981), pp.111-114.

knowledge. This acquaintance with domestic treatment later became sometimes hereditary.[6]

It is to be noted here that even the physicians in those days were doctors of long descent; and from their early youth they had been intended for the profession. They were taught everything that was considered necessary for and preparatory to it by observation from their early days. It was because of this that the system became much degraded that most of them turned mere empirics; and there was not one physician amongst them more learned than the other. This is also applicable to all the three systems of indigenous medicine in India.

## THE SIDDHA MEDICAL ACADEMY

The Siddhars, according to tradition, belonged to the school which promoted Siddhic knowledge. The school is said to have consisted of eighteen members originally known as `Mulavarga Siddhas' or `Nandivarga Siddhas'. The names of the eighteen Siddhars vary according to different authors, but a poem referring to them lists them as follows :

(1) Nandi, (2) Tirumular, (3) Agastyar, (4) Punnakkisar, (5) Pulathiar, (6) Poonaikkannar, (7) Idaikkadar, (8) Bogar, (9) Pulikkaisar, (10) Konganavar, (11) Azhukanni, (12) Karuvoorar, (13) Kalangi, (14) Agappaiyar, (15) Pampatti, (16) Theriyar, (17) Kuthambai, (18) Sattainathar.

After Nandi the great Siddha, Tirumular is regarded as the founder of the Siddha Medical Academy. He is said to have presided over that Medical

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6 P.T. Srinivasa Ayyangar, ***History of the Tamils*** (Chennai, 1961), pp.102-105.

Academy. Historians hold different views regarding the age of Tirumular. Tirumular's Tirumantram says he was one among the eight Nadhas namely, Sivayogamamuni, Patanjali, Viyakramar and four Nandhis. It is said that he had plunged in deep Yoga contemplation under Sivabodhi tree at Tiruvavaduthurai in a place where there was no day or night for several thousands of years. Modern scientists hold conflicting views on Yoga contemplation and immortality.[7]

The origin of Thirumular, the circumstances under which he descended from Mount Kailas to settle down at Tiruvavaduthurai in Tamil Nadu, the divine force that inspired him to penetrate into a cowherd's body to propound the science of life in Tamil in his work Tirumantram etc., are all like stories of mythology. But the story revolves around meditation, the herbal tree and nature observation. There is no other historically true account of this Saint available, except that of the version given by Sekkilar in his great Tamil treatise "Peria Puranam" or Tiruthondar Puranam.

Tiruthondar Puranam says that this Yogi came down from Mount Kailas to see his friend Agastya at Podigai Hills in Tamil Nadu. This referred earlier, was popularly known as Kudamalai Siddhar (Podigai Hills). He is said to have written several treatises on Medicine, Astrology, Philosophy, Alchemy etc. His original works became corrupted and bear literary forgeries by later authors.[8]

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7 V.R. Ramachandra Dikshtar, ***Studies in Tamil Literature and History*** (Chennai, 1962), pp.97-101.

8 V. Kanagasabai Pillai, ***The Tamil 1800 Years Ago*** (Chennai, 1959), pp.201-207.

Tirumular after having offered worship at several important temples on his way arrived at Tiruvavaduthurai where he remained for some time worshipping the deity there. One fine morning, he set out on his journey again. When he reached the banks of the river Cauvery he witnessed a pathetic scene of a herd of cows hovering over the corpse of their kind master, who had met with sudden death. His name was Mulan, a resident of the neighbouring village Sattanur. Greatly moved by this sight, the Sage made up his mind to wipe out the tears of the cows. As one who had well accomplished the eight kinds of miraculous powers (Siddhis) he knew the art of entering into another's body. He then laid down his own body in a very safe place and entered the cowherd's body. As a result of this siddhic performance, the cowherd was at once restored to life. No sooner did the cows see their master alive again than they danced with joy and love licking the cowherd. At sunset, the Saint (dwelling in the body of the cowherd Mulan) came back to the village following the herd of cows, but he stood outside without entering into Mulan's house. Puzzled at the behaviour of her husband, Mulan's wife called him in, moving up to him with affection but he stepped aside refusing to accept her hand. He disavowed his relationship with her and retired to a holy monastery nearby. And he was soon immersed in deep Yoga meditation.

The poor woman was overpowered with grief and spent a sleepless night. On the following day, she reported to her relatives about her husband's denial of his wedlock with her. How was it that he had lost his senses, she cried loudly. How could the poor woman or her relatives know that Mulan's soul had already departed from his body and instead a divine soul had entered into and

taken possession of his body? Some of the wise and pious men of Sattanur came running to the monastery and found the cowherd deeply immersed in contemplation. They were wise enough to advise her not to disturb him further and to leave him alone.[9]

As soon as the Sivayogi woke up on the next day from his deep yoga samadhi, he straightaway proceeded to the spot where he had concealed his own body. But alas! it was not to be seen at the spot. The truth dawned on him then that it was only God's will that he should spend the rest of his life on the cowherd's body and that he was destined to come to this land as a cowherd mainly with the object of producing the classic Tamil work 'Tirumantram'.

He then returned from the banks of the river Cauvery to Tiruvavaduthurai Temple. After offering worship to the deity there, he sat underneath the sacred tree namely Arasu (the meaning of which in Tamil is the King of trees also known as Bodhi-Pipal) which was to the west of the temple. He was thenceforth known as Tirumular, after the cowherd's name Mulan. He woke up once in a year to expound the cream of his spiritual experiences attained during that year in the form of a verse in Tamil. Accordingly, the legend says that it took 3000 years for him to fulfil his mission to complete the sacred work of Tirumantram comprising 3000 verses.[10]

The above narration collected from the literature that have appeared on Thirumular heads historians to raise several queries over the authenticity and

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9 G. Subramania Pillai, ***Tree Worship - by Vidwan*** (Chennai, 1966), pp.197-203.

10 Thirumoolar, ***Thirumandiram, Thiruvavaduthurai Adheenam Thirumantiram*** (Medicine) (Thiruvavaduthurai, 1979), pp.303-309.

Man consumes water and food, breathes the air and thus maintains the heat in the body; he is alive on account of the life force given by ether. The earth is the first element which gives fine shape to the body including bones, tissues, muscles, skin, hair etc. Water is the second element representing blood, secretions of the glands, vital fluid etc., Fire is the third element that gives emotion, vigour and vitality to the body. It also helps digestion, circulation and stimulation besides respiration and the nervous system. Above all, ether is the characteristic of man's mental and spiritual faculties. A suitable proportion of these five elements in combination with each other works so well as to produce a healthy organic mechanism without which life would not have been possible.[11]

A single element cannot be taken into account detached from the other elements. Where there is one element the other four elements are as well present in the body. Every element will be found in combination with other elements. Elements are divided into two halves, namely Physical and subtle. And this subtle part is further subdivided into two equal parts of which one is retained as such and the other part is again subdivided into four equal parts.

This is what is known in Siddha system of Medicine as the Theory of Panchikarnam (Five fold combination). It is in fact the functioning of the five elements in the human body. He who knows thoroughly the underlying principle and the functions of the above theory, will perform miracles in the world like the Siddhars. The ideal of the unification of energy and matter and the synthesis

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[11] M.S. Puranalingam Pillai, ***Tamil India*** (Chennai, 1949), pp.201-203.

of the various phenomena of sound, light, heat, etc., which modern science has been endeavouring to establish were achieved by the ancient Siddhars at a very early period. This is the foundation for cosmogenesis. Siddhars also held that he who knows the secret doctrine of the five elements, could change a baser metal into gold. And Siddhars' alchemy is based on this theory. It is really astonishing to find that this thought process was dominant among the Siddhars of the ancient days. They made constant and continuous efforts to observe many things about nature and man.

## SIDDHA MEDICINE THROUGH THE AGES

The aim of the Siddha system, as it is understood, is to make man reconcile with the antagonistic tendencies of his earthly individual nature and of his divine transcendent essence by satisfying the antithetical claims of both spheres, the natural and the supernatural; the phenomenal realm of body and psyche and the imperishable essence which forms man's inherent being.

He is enjoined not to disregard earthly well-being in his pursit of beatitude. But, on the other hand, only in so far as he is able to effect union with the transcendent essence inhabiting his own nature and the universe, will he be able to insure for himself the health and well-being that are proof against every assault from the malignant host of diseases and evil passions threatening him with ruin.[12]

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[12] T.G. Ramamurthy Iyer, ***Gems of Siddha System*** (Chennai, 1933), pp.91-97.

Such a reconciliation of the two tasks, the earthly and the divine, bringing into harmony secular conduct and spiritual pursuit, is the supreme lesson offered by siddha medical wisdom. This attitude is characteristic of Siddha medicine throughout its evolution from time remote and in all its levels.

No research student or medical practitioner has taken interest and studied scientifically this medicine. Siddha medicine is not understood from the Atharva but from the Tamil literature only. What all is written in Sanskrit either four thousand years ago or four years ago are only Ayurvedic. A critical analysis of the Atharva would make the scholars atleast consider that the medicine and methods found recorded four thousand years ago and as they were in practice till very recently and are even now practiced in remote corners of Tamil Nadu are one and the same with some slight variations.[13]

As literature points out that ancient medicine rested upon four pillars viz., (1) a knowledge of the physical nature (2) a knowledge of the powers of the mind (3) a knowledge of the Divine powers in man, and (4) upon the personal virtue or holiness of the physician. It is because of these facts that people consider that Siddha medicines prepared at home by physicians themselves alone are consistent with the principles laid down in the science. They did not make use of the medicines imported from outside this country, as such medicines as they were thought not to possess the real efficacy, for they were evidently prepared on a large scale for commercial use. Some were believed to be spurious or otherwise adulterated possessing less of real

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[13] A.F. Rudolf Hoernle, ***Studies in the Medicine of Ancient India*** (Delhi, 1969), pp.196-199.

medication. Sometimes, even in indigenous medicines, much of this trickery was likely to be found, as they were found adulterated.[14] Therefore Siddha system offers sometimes lessons for each man to prepare his own medicine in his own way. Thousands of Tamils have inherited their knowledge from their fore-fathers. They keep up the spirit of the system and method of preparing and administering this medicine even to this day. Its knowledge is handed down from father to son for generations together. Thus Siddha Medicine has survived in this way all through the ages as an important branch of Indian Medicine.

The Siddha system of medicine of ancient Tamil Nadu survived many dynastic changes such as under the Pallavas, Pandyas and Cholas. It continued to maintain its individuality under the Nayaks, the Marathas, the Nawabs and until the advent of the Europeans in India.

## SIDDHA MEDICINE IN MARATHA PERIOD (1676 to 1855 A.D.)

There was Maratha rule in Tamil Nadu from the middle of the 17th century. A dozen monarchs reigned over the Thanjavur country, spanning the entire delta of the river Kaveri, which was one of the most fertile tracts of the Indian sub-continent. At least six of them can be considered as great patrons of art and learning while three of them were outstanding scholars and artistes themselves. By and large, the Maratha Kings, following the footsteps of the Nayaks whom they succeeded, gave great fillip to Sanskrit and Telugu learning leaving Tamil to fend for itself at the Saiva Matams, notably of the Thiruvavaduthurai Adhinam. Tamil medicine interested neither the religious nor

[14] M.V. Venugopal Pillai, ***Siddhar Gnana Kovai III - Siddhar Kattalai Tirattu*** (Chennai, 1961), pp.167-173.

the secular heads but credit goes to them in their non-interference in its practice. There were 5783 villages in the Maratha principality of Thanjavur and each village had a hereditary Tamil physician who enjoyed a share in the harvest or in lieu of it, an acre and a half of wet-land as a freehold.[15] There might be other freelance Siddha doctors practising in the same village apart from Ayurvedic doctors competing with him. The villager was ever grateful and never failed to present the doctor vegetables, milk and other surpluses now and then in the fond hope that such charity will spare him the knife, for the belief was strong that indebtedness to doctor avenged them with surgery. The doctor boasted of secret knowledge from a palm-leaf-book heirloom and quoted verses ostensibly from it, to impress his client, before he proceeded to make the remedy for a stipulated fee. His forte was his ability to diagnose from the feel of the pulse and to make his own remedy, however complicated it may be. Some of the Tamil doctors of the period gained considerable reputation so as to be invited to treat the wealthy far and wide.

## CLINICS ALONG WITH CHOULTRIES

The patient was nursed in his own home and hospitals as we know today were non-existent. The contemporary accounts mention that king Shahji (1634-1712) "constructed Hospitals for the sick and employed therein renowned physicians from Hyderabad and Arabia." What is meant by hospital was a clinic where the patients were examined and provided with the medicines at the King's expense. However, the free public shelters called `chatrams' (choultries)

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15 C.K. Srinivasan, ***Maratha Rule in the Carnatic***, Annamalai University Historical Series-No.5 (Annamalai Nagar, 1944), p.58.

He also carried out many public health measures for the benefit of his subjects, which were far in advance of his times in conception and execution. Thus by an indigenous system of underground pipes interlinking the Sevappanaicken lake, the Sivaganga tank within the fort and a number of drinking-water wells in the city he ensured adequate watersupply to Thanjavur. He ordered free supply of milk to mothers and infants in an area of radius of six miles around a chatram from the ninth month of pregnancy to three months post-partum. His son, Sivaji continued the institutions of his father and on his death, in 1855, the kingdom passed into the hands of the British East India Company according to the doctrine of lapse".[17]

**King Saraboji II's Contribution to the Siddha System**

When Saraboji was installed on the throne in 1798 his foster father while dying, had placed him, as a child under the tutelage of one Reverend Father Frederick Schwartz, a German protestant missionary. This prince, who had the gift of native intellect in ample measure, had the added advantage of a liberal education under the pick of the European intelligentia of the times. Hence he had developed an insatiable love for learning, a curiosity in everything and a catholicity of outlook. He had no prejudices. He was a linguist in many languages, Indian as well as European, while the study of Medicine had a particular fascination for him. The English East India Company at Fort St. George, which had ever had an eye on the fertile Thanjavur country lost no time to take over the administration from the prince on the pretext of protection

[17] O.A.Narayanaswami, ***Saraswathy Mahalum Thanjavur Varalarum"***, **Tanjore Maharaja Sarfoji's Saraswathy Mahal Library's Publication** (Thanjavur, 1949), pp.68-72.

For the instruction of his physicians, besides the herbal garden mentioned above, he had the medicinal plants accurately drawn and realistically painted. These paintings which carry explanatory botanical notes have remained fresh till today and can be admired at in the Saraswathi Mahal Library where they are kept bound in a volume. He had also got large plates of illustrative anatomical drawings and engravings made and bound for their use. He had the clinical notes of patients illustrated wherever appropriate, with drawings and paintings by master-artists and preserved them for reference and research in bound volumes. Such illustrations of the eye in opthalmic diseases are exhibited at the Saraswathi Mahal.

## SIDDHA MEDICINE UNDER THE NAWABS

The Nawabs ruled over North Tamil Nadu. Even in this region, as it was elsewhere, there was the individualized Master-pupil system of learning by rote and apprenticeship. There was the preservation of knowledge in palmleaf-manuscripts. It had only resulted in a great proliferation of independent practitioners of varied capabilities. We do not have evidences to the existence of medical schools and organized medical teaching even under the Nawabs. However, medical knowledge lay scattered in myriads of palm-leaf-manuscripts worshipped as heirlooms in professional as well as lay households. Comprehensive textbooks dealing methodically with pathogenesis, diagnosis, prognosis and treatment of diseased states in classified completeness were lacking. Most of the palmleaf-manuscripts were fragmentary and sectional, dealing with definitions and prescriptions, though here and there mention was made of diagnostic criteria, prognostications and the method of preparation of

the drug. Perhaps the original author and the later interpolators intended the manuscript to be a memorandum for their personal use and recorded only those informations which interested them. Examination, certification and licensing were not in vogue. This enabled many a self-styled doctor with meagre knowledge and qualification to indulge in medical practice, and much worse than that, to pass on his whims and fancies as the wisdom of ancient matters. With no way to prove or disprove that claim, such spurious knowledge too gained wide currency, eclipsing the wisdom of the original seers. Even the most learned of the times could not separate the grain from the chaff.[19]

The practitioners of Siddha Medicine had for their rivals Ayurvedic practitioners who claimed studentship under renowned pandits who were recipients of Royal grants. Because of the aura of this royal honour and because most of them were brahmins they were held in high esteem. But the two systems themselves did not differ either in theory or practice except that the Siddha system had accumulated a greater number and variety of prescriptions, particularly of the mineral preparations owing to its longer flourishing and to contacts with European traders from the sixteenth century onwards.

The available herbs and minerals were the materia medica of the period and were of the same kind as those in other systems. Iron for anaemia and Cinchona for Malaria were the two specifics available at that time. Surgery was rudimentary and confined to the limbs. The interior of the body was considered

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[19] Major Madanpal Singh, ***Indian Army Under the East India Company*** (Delhi, 1976), pp.72-76.

inviolable. The surgeons were not held in high esteem and they parted company with the barbers only in 1745.[20]

The theory of body fluids remained unchallenged until 1858, when Virchow published his Cellular Pathology. He replaced "Fluidism" by "Solidism", which regarded the Cell as the body's cardinal entity.

The urine glass served as a convenient window for observing the humours at work. As the theory ran, any "Surplus" or abnormal change in the humours could be detected in the urine. Consequently, the practice of uroscopy became standard, and the urine glass, like the stethoscope today, took on a symbolical function as the very keystone of diagnosis. This function had its psychological aspects, of course. The doctors used it with an air of unfathomable wisdom to impress their patients. As Arnold of Villanova puts it : "If you don't find anything in the urine, but the patient insists of suffering of headache, tell him that it is an obstruction of the liver-just continue to speak of obstruction - a word they don't understand, but one that sounds important".[21]

## SIDDHA MEDICINE DURING BRITISH PERIOD

But the Salernitan doctors were seldom non-plused; they developed a fine eye for urine, and detected 18 different colours in it. The Breslau Codex of Salernitan medicine devotes about 40 tightly packed pages to instructions on the appraisal of sediment odour and weight, with tips for strategy against maverick humours.

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[20] S.Gopalan, ***Sarabendra Vaidya Ratnavali*** (Thanjavur, 1957), pp.177-183.

To restore humoral balance, the following diet was commonly employed. Thus, a patient with fever received "cold" foods, like the onion, while a patient with surplus phlegm (cold) was treated with "hot" foods, like pepper, which "burned". Medicines were strait jacketed in similar fashion, as hot or cold, wet or dry. It was all very simple.[22]

According to medieval thought, the four humours were intermingled, or possibly linked together by tubes; thus, if one was withdrawn, the excess humour would be drained off in the process, and humoral balance restored. The idea seemed to make sense, and since blood was always accessible, doctor and laymen alike rejoiced at bleeding the body at every opportunity.

It is difficult to write the medical history without referring to the terrible visitations of periodic epidemics. The occurrence of plague that came to be known at that time as the black death destroyed at least a quarter of the inhabitants of Europe. It was a devastating disease.

The physicians were fully conscious of their complete helplessness in the face of that vast contagion. The prophylactic measurers advised by them were admitted poor, if not to say utterly ridiculous. They learnedly ascribed the plague to astral influences, to come whose tails had poisoned the world, Or they remained silent as the populace blamed Jews and lepers for poisoning the wells, and drove off or slaughtered those innocent scapegoats. Then the "polluted"

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[21] Patric Pringle, ***The Romans of Medical Sciences*** (Calcutta, 1965), pp.147-151.

[22] Milton Silverman, ***Magic in a Bottle*** (New York, USA, 1953), pp.163-167.

wells were sealed, and the people drank water from the same rivers in which deceased plague victims were being dumped.[23]

The Chief glory of medieval medicine was undoubtedly in the organization of hospitals and sick-nursing, which had its origin in the teachings of Christ. For while the germ of the hospital idea may have existed in the ancient Babylonian custom of bringing the sick into the market-place for consultation, as it were and, while the lateria and Asclepieia of the Greeks and the military hospitals of the Romans may have served this purpose to some extent, the spirit of antiquity toward sickness and misfortune was not one of compassion, and the credit of ministering to human suffering on an extended scale belongs to Christianity.

## UNIQUENESS OF SIDDHA MEDICINE

It should be known that mind exerts great influence on the body, for the spirit that words through the primordial material essence of mind is endowed with great energy. The ancient Siddhars knew the scientific truth by their meditation and worked wonders through their mental force.

The Siddha system of medicine has been evolved from a study of the special characteristics of the physical constitution of the people of South India, not to speak of that portion of the Tamil continent (Lemuria) which was submerged in the sea, and the medicines prescribed in that Science, are such herbs, bulbs and roots peculiar to this country and in abundance and agreeable

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[23] N.Kandaswamy Pillay, ***History of Siddha Medicine*** (Chennai, 1998), pp.141-145.

to the nature of the food suitable to their constitution and which the people are accustomed to.

The Indian customs and habits as well as the Indian climate are quite unsuitable to allopathetic Medicine as for instance, the use of several tinctures and spirits in every dose of medicine means a great strain on the liver and the kidney; and this may in itself lead to various diseases. The several millions of South Indians were saved by our method for hundreds of centuries and are still being saved in rural parts under Siddha system in spite of the modern introduction of Western system. If the Siddha system, especially at the present day, is fast dying out it is only due to want of encouragement and Research. Many of the Native type of pharmaceutical factories formerly in existence with Siddha practitioner were all getting closed.[24]

Siddha works contain very many useful informations that are absent in printed works. The whole work must be thoroughly analysed with a view to enunciate the scientific principles underlying the system. The growing younger generations do not seem to show any interest towards ancient science of siddhars simply because, the humanitarian side of India's intellectual life, has of late, received materialistic baptism under the influence of Western culture and civilisation producing at the same time, the inevitable result of natural contempt for our literatures, science, art and culture.

There are many theories in the siddha system; and it is seldom possible to pronounce a verdict once for all. Modern physiology is yet quite in the dark on

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[24] J.M. Nallaswamy Pillai, ***Studies in Saiva Siddhanta*** (Chennai, 1963), pp.132-137.

various points and theories contemplated in the Siddha system. There is much to be investigated and brought to light. Many problems on Biology are not yet properly understood. The inheritance of acquired characters and determination of sex are yet to be solved. Even at the present day, sometimes the theories put forward by eminent scientists appear fantastic. Is not the theory of Harmones in some way resemble the theory of Humours? It is not in keeping with scientific spirit to declare or say openly that theory is false or impossible without making sufficient investigation leading to a conclusion. Before passing adverse opinions in matters of science we regret that there is yet much more to be learnt, and that the progress of science till now has been like gathering pebbles on the sea-shore of knowledge. In Bio-chemistry we are in the infant stage when compared with the chemico-Philosophical theories of the ancient siddhars. The test of a good theory lies in its practical application.[25]

The Tamil Siddha system is a cosmic affair, covering the Macrocosm and Microcosm, which means both Universe and Man from the old point of view of both the old Western Mystic system and the Tamil Siddha system. According to the theory of the Siddha school, there is no incurable disease under their category. Man is a production of divine mind and thought produced of the essence of elements, and sole of the stars and spiritual stellar, and temporal sides of Magnum limbus from the Matrix of nature formed of seven layers of tissues. As the universe is man, all that exists in the world, exists in man also, individual man is the individualised universe. Every organ in the human body is formed by the action of certain universal principals, attracting

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[25] T. Issac Tambyiah, ***Psalms of a Saiva Saint*** (Chennai, 1967), pp.86-88.

that which is required to its own development from the said Magnum limbus. Thus man is only a form-manifestation of the universal mind; and he is the highest form in the creation, endowed with the power to attain self-knowledge to realise God within himself and attain salvation. So man is the nearest approach to God and ancient science deals with internal living deified man; but Modern Western medicine knows only the dead body of man and not the living image presented by Nature.[26]

As Siddha system of medicine, unlike the other systems, is based on spiritualism, it is not possible to bring it into closer contact with modern methods. We do not see the possibility of unified system in the near future; and it is even afraid that it will never occur at all.

The scientific knowledge of ancient Siddhars is marvellous and awe-inspiring; and their works are objects of great admiration at present. A German scientist has openly confessed that he owed his inspiration in Chemistry to Siddhars of South India.[27]

The custodians of the Fourth level of medicine are the Siddhas who have realised their aims, by developing their intellectual, spiritual and moral life to such a level as to become a co-worker in the plan of cosmic evolution. Their life has become pervaded throughout the cosmos. They have made us realise that the acuteness of our senses could be appreciably increased. It is, of course, a matter of daily observation; by practice and effort, we train our ears to appreciate melodies to which we were dead before certain hillmen, who live by

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[26] Forsyth, ***The Highlands of Central India*** (Delhi, 1871), pp.87-94.

[27] Ibid.

hunting, are known to see and spot out their prey at distances, far too great for us to see or get a clear vision of; similarly by practise and effort, we can appreciably increase the ranges of our other senses-smell, taste and touch. That our senses, like our muscles grow by regulated exercise, the Siddha view is that there is practically no limit to this growth, save the limitations of one's own capacity for exertion, and that, it is possible for master-minds to perfect their "senses" (in which term, they include the mind also - the 'sixth sense' as it was sometimes called) to so great a degree as to include, within their range everything from the most microscopic to the most macroscopic.

The understanding and bringing to practical use of the several truths of medicine of this level is a very arduous task which only a few of our generation could undertake of course. It is not beyond our reach, if one could undergo the preliminary rituals which is said to have the effect of cleansing the entire sphere of personality like a plunge into a cool water in the hot season. As for masters, they are always available and are in earnest search of deserving candidates to whom they put the question of "Why do you want to know?". Then, they unhesitatingly admit, if the answer is, "To serve".[28]

The systematisation of knowledge is ingrained in every civilisation and the Tamil civilization which started flourishing at the very dawn of organised social life on this planet, thanks to the geographical location of its land, is not an exception. Surrounded on three sides by a vast tropical ocean, it is virtually an island whose tall mountain ranges traversing the country from north to south intercept the monsoon winds to precipitate torrential rain which carved out hills

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[28] H.M. Elliot, ***Glossary of Indian Terms*** (Chennai, 1860), pp.129-132.

and dales of enchanting beauty with mountains canopied by towering trees. Nurtured by the rivers combing the sides of the mountain range, the wooded plains reached up to the sea where verdant Nature donned her best to decoy every passer-by. Writing in 1912, J.S. Gamble said, "The Presidency of Madras presents probably a more varied flora than any other tract of equal area in India, possibly in the World". No better cradle could there be to nurture the therapeutic art.[29]

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[29] J.S. Gamble, ***Flora of the Presidency of Madras*** - **Botanical Survey of India** (Calcutta, 1912), pp.47-49.

# CHAPTER - IV

## *Status of Siddha Medicine in the Modern Period*

# CHAPTER - IV

# STATUS OF SIDDHA MEDICINE IN THE MODERN PERIOD

The constitution of India envisages of a new social order based on equality, freedom, justice and the dignity of the individual. It aims at the elimination of poverty, ignorance and ill-health. It directs the State to raise the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, securing the health and strength of workers, men and women, specially ensuring that children are given opportunities and facilities to develop in a healthy manner. Since the inception of the planning process in the country, the successive Five Year Plans have provided the framework within which the states have developed their health services, infrastructure facilities for medical education, research etc. It was felt that an integrated, comprehensive approach towards the future development of medical education, research and health services would serve the actual health needs and priorities of the people in the country.

The status of India's traditional system of medicine, which had gone down over the years due to neglect was examined. Similarly the absence of pursuit of proper researches in traditional medicine to keep the system in tune with the changing conditions was also realised. The existence of a large stock of manpower in health comprising of traditional practitioners in various systems, for example, Ayurveda, Siddha, Unani, Homeopathy, Yoga, Naturopathy, etc. made the policy makers to plan for utilising it. Further the efforts to provide

community health care to all, necessitated the exploitation of all the systems of medicine available. Therefore anything that is good in all these systems was made available to the people, while attempts were made to remove false claims or ineffective practices and faulty approaches which were in vogue in the system.[1] Considerations such as the cheapness, involvement of no sophisticated equipments, its herbal, mineral and animal origin, non-toxic character without side effects and nutritional value were taken into account before attempts were made to promote the indigenous system of medicine. It was estimated that there were over 6.5 lakhs practitioners of Indian Systems of Medicine (ISM) in the country. They work in remote rural as well as urban slum areas and play an important role in enhancing health care outreach. The practitioners of Indian Systems of Medicine find high local acceptance and respect and consequently exert considerable influence on health beliefs and practices. Therefore, it became necessary to make use of the available material, financial and manpower resources that are rooted in traditional medical practice.[2]

## Issues Related to Various Committee Reports on Indian Systems of Medicine

The role of the indigenous systems of medicine within the overall health care system, and their development had been the subjects of deliberation during the pre- and post-Independence periods. The Swadeshi movement also led to the revival of interest in the heritage of medical services of pre-British India. The

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[1] P.N.V. Karup, ***Birds' Eye View on Indigenous System of Medicine in India*** (Delhi, 1977), pp.47-49.

[2] J.J. Poggie and R.N. Lynch, ***The Modernization of Asian Medical System in Rethinking Modernization***, Greenwood Press (New York, 1974), pp.91-94; D. Banerji, ***Place of the Indigenous Systems of Medicine in India***, Deepak Art Press (Delhi, 1977), pp.61-63.

Indian National Congress insisted since 1938, for the absorption of the practitioners of Ayurveda and Unani Systems into the State health care institutions. After independence it was decided to provide the indigenous medical practitioners a scientific training wherever necessary.[3] The Bhore Committee report (1946) became the blueprint for the development of health services system in India. But it was ambiguous in its assessment for the potential role of the indigenous systems. It observed that it was not in a position to assess the real value of these systems of medical treatment in the absence of investigations. It also felt that these systems had little to contribute to public health, preventive medicine, obstetrics or advanced surgery. Nevertheless the 1946 Health Ministers' Conference adopted the National Planning Committee proposals on the subject of indigenous systems. It was resolved in that conference to make financial provisions for :

1) Research based on the application of scientific methods in Ayurveda and Unani;

2) The establishment of Colleges and Schools for training in Diploma and Degree course in indigenous systems;

3) The establishment of Post-graduate course in Indian Medicine for graduates in western medicine;

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3 Hakim, Razzack and U. Fazal, ***Research Activities in Unani System of Medicine*** (New Delhi, 1978), pp.122-124; K.N. Udapa, ***Promotion of Health for All by Ayurveda and Yoga*** (Varanasi, 1980), pp.257-259; R. Jafferry, ***Policies Towards Indigenous Healers in Independent of India*** (Varanasi, 1985), pp.100-103.

4) The absorption of Vaids and Hakims as doctors, health workers etc., after scientific training wherever necessary;

5) The inclusion of departments and practitioners of Indian Medicine on official boards and councils.[4]

The major outcome of that conference was the subsequent appointment of a Committee on the Indigenous Systems of Medicine under the Chairmanship of Col. R.N. Chopra.[5] The Chopra Committee was required to provide guidelines for the implementation of the proposals mooted out in the ministerial conference and for the absorption and development of practitioners. The Chopra Committee's report supported synthesis of the Indian and Western systems through integrated teaching and research. The integrated curricula was expected to strengthen and supplement the weakness in one system by the other. Research was planned to focus on clearing doubts in Indian Medicine. Thus its science/art have been made intelligible to modern minds. Synthesis of Indian and Western medicine in order to evolve a unified system of medical relief and education suitable to Indian conditions was set out as the objective of research. The committee envisaged a 2-tier integrated medical care system, which would involve indigenous practitioners with 6 months training at the primary level and institutionally qualified (in integrated medicine) persons at the secondary level (this is similar to the Chinese approach, and gained wide acceptance with the WHO in the 1970's). In general, the post- Independence period is marked by

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4 ***Report of the Proceedings of the Central Provincial Health Minister Conference***, 1946 (cited in Jaffrey, 1985).

5 Chopra Committee, ***Committee on the Indigenous Systems of Medicine Report***, **Government of India, Ministry of Health** (New Delhi, 1948), pp.199-103.

State and Central Government patronage to the professionalisation of the Indian Systems of Medicine, particularly with regard to education, regulation of practice and research.

**Financial Allocation for the Development of Indian Systems of Medicine During Five Year Plans**

Government patronage in terms of the total financial allocation for the development of Indian systems of medicine has steadily grown during the Five Year Plan periods. It can be understood from the total plan outlay of Rs.88.00 crores in the Eighth plan over Rs.43.25 crores during the seventh plan period. It represented a substantial increase. However, the outlay for the Indian Systems of Medicine has always remained below five per cent of the total health outlay. The activity of traditional systems, which is to be revitalised needs more financial resources.

**Educational Facilities and Regulation of Practice in Indian Systems of Medicine**

The Government of India constituted the Dave Committee[6] in 1954. It was to study the question of establishing standards in respect of education and regulation of practice. The Committee formulated a model syllabus for the integrated course of 5 years and 6 months duration, including one year of internship. It recommended the establishment of faculties for Ayurveda in Universities and the upgrading of existing colleges by providing indoor hospital

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6 ***Dave Committee Report*, Ministry of Health, Government of India** (New Delhi, 1956), pp.185-188.

facilities and post-graduate course. The response of the different States to these recommendations was varied. Some States established "Integrated" Colleges, which taught subjects of modern medicine and Ayurveda concurrently. In others, the pure type of institutions emphasising training in Ayurveda only were established. The number of integrated medical institutions increased immediately after Independence. According to one estimate, in 1958, of the 76 institutions imparting Ayurveda education, 49 were integrated and 27 were Ayurveda only.[7]

The support for pure training grew amongst the qualified practitioners in the 1960's posing a major issue for policy. The higher cost of integrated courses due to requirements of modern equipment, the tendency to spend too much time on allopathy, the lack of availability of indigenous graduates for rural practices and inherent incompatibility of the two systems rendered integration difficult. The supporters of integrated training however argued that science was universal. It was thought that the low cost argument of indigenous medicine would promote unscientific practice in rural areas and harm research and development. In fact the indigenous practitioners used western drugs also in the treatment of their patients. Ultimately the Government began to yield to the demand of promoting the indigenous systems of medicine, as a separate system from 1970 onwards.[8]

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7 P.N.V. Karup, ***WHO Traditional Medicine Programme*** (Colombo, 1977), p.3.

8 R. Jaffery, ***Policies Towards Indigenous Healers in Independent India***, Vol.II (New Delhi, 1981), pp.116-123; G.A.A. Britto, ***Discussion on the Low Cost Argument, Indian System of Medicine and Homeopathy*** (Bombay, 1984), pp.69-72.

**Central Council of Indian Medicine**

The Government of India constituted the Central Council of Indian Medicine as a statutory body as per the Indian Medicine Central Council Act, 1970. This Council was reconstituted in 1984 and 1995.[9] State Boards of Indian Medicine also came into being as per the regulation of practice of the Central Council of Indian Medicine. As per the norms of the Central Council of Indian Medicine, the number of undergraduate Colleges for Ayurvedic education had increased from 98 in the year 1982 to 154 in the year 1998 with admission capacity of 3751 to 6300; Colleges for Unani medicine had also increased from 17 with 595 seats in the year 1982 to 31 with 1252 seats in 1998. Colleges for Siddha Medicine increased from 1 with 75 seats in the year 1982 to 2 Colleges with 150 seats in the year 1998.

There remained a wide variation in the State-wise distribution of these educational facilities. Though there was the establishment of educational institutions of Indigenous Systems of Medicine and Health in the country, the standard of education in some of such institutions was far from satisfactory. The facilities for research and development available in these institutions were inadequate. They are to satisfy the norms fixed by the Statutory Bodies. Apart from these drawbacks there was a mushroom like growth of some sub-standard colleges also. Improvement of methods of education in such institutions alone was thought to produce good practitioners and capable teachers who could earn a good name and credibility for each system.

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9 ***Government of India Gazatte Notification Extraordinary*** Part-II Section 3(ii) dated 10th August, 1971.

**Central Register of Indian Medicine**

It has been pointed out that preparation and maintenance of Central Register of Indian Medicine as one of the main objectives of the Central Council. As per provision of the IMCC Act, 1970, the Central Council maintains the Central Register in the prescribed manner. A register of Indian Medicine contains, the names of all persons who are for the time being enrolled on any State Register of Indian Medicine and who possess any of the recognised medical qualifications included in the Schedules to the Indian Medicine Central Council Act, 1970. The maintenance of the Central Register of Indian Medicine and updating the same is a continuous process. There were about 71,042 practitioners (65,849 Doctors of Ayurveda, 4,370 Unani and 823 Siddha) enrolled in the Central Register upto 1994.

**The Medical Care Services, Medical Manpower and Medical Educational Facilities Under Indian Systems of Medicine**

Various hospitals and dispensaries functioning in the state provide medical Care Services under Indian Systems of Medicine. The outpatient and in-patient departments of the Government Hospitals and dispensaries provide free medical care to the patients suffering from different ailments. Table-I provides data on medical care services, medical manpower and medical educational facilities under Indian Systems of Medicine in India. This table indicates the number of practitioners of the Indian systems of Medicine in India,

registered with the State Boards of Indian Medicine. The registered practitioners belong to two categories, namely those who have acquired a degree or diploma from a University or Board, and those who have obtained diploma after taking correspondence courses and examination, but have not undergone formal training. However, the registration figures exclude a third category of practitioner of Indian systems of medicine whose numbers are estimated to equal those of the qualified and registered. They mainly practice in the rural areas and have gained experience as apprentices working with traditional physicians.[10]

There remained a major controversial issue in the policy field regarding the registration or banning of unqualified practitioners. The establishment of the Central Council standardised registration; the procedure however varied from state to state.[11] The number of practitioners of Indian Systems of Medicine (institutionally and non-institutionally qualified) had increased from 2,71,402 in the year 1983 to 4,20,471 in the year 1999. The growth pattern of practitioners of Indian Systems of Medicine is given in table-II. In general, there is overall growth in the number of Ayurveda, Unani and Siddha practitioners between 1983 and 1999.

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10 P.N.V. Karup, ***WHO - Traditional Medicine Programme*** (Colombo, 1977), p.3.

11 R. Jafferry, ***Policies Towards Indigenous Healers in Independent India*** (New Delhi, 1981), pp.123-126.

# TABLE-I

## SUMMARY OF MEDICAL CARE, MEDICAL MANPOWER AND MEDICAL EDUCATION FACILITIES AVAILABLE UNDER INDIAN SYSTEMS OF MEDICINE INDIA

| NO. | FACILITIES | INDIAN SYSTEMS OF MEDICINE | | |
|---|---|---|---|---|
| | | AYURVEDA | UNANI | SIDDHA |
| 1 | 2 | 3 | 4 | 5 |
| 1. | Hospital | 2,189 | 189 | 204 |
| 2. | Beds | 33,145 | 4,157 | 1,681 |
| 3. | Dispensaries | 14,252 | 966 | 357 |
| 4. | Registered Practitioners | 3,66,812 | 40,748 | 12,911 |
| 5. | (I) Under Graduate Colleges | 154 | 31 | 2 |
| | (II) Admission Capacity | 6,300 | 1,252 | 150 |
| 6. | (I) Post Graduate Colleges | 33 | 3 | 1 |
| | (II) Admission Capacity | 437 | 55 | 24 |

**Source :** Annual Report 1999-2000, Department of Indian Systems of Medicine, Ministry of Health & Family Welfare, New Delhi.

## TABLE-II

## GROWTH PATTERN OF PRACTITIONERS OF INDIAN SYSTEMS OF MEDICINE INDIAN

| SYSTEMS | NUMBER OF PRACTITIONERS | |
|---|---|---|
| | AS ON 1.4.1983 | AS ON 1.4.1999 |
| Ayurveda | 2,32,190 | 3,66,812 |
| Unani | 27,736 | 40,748 |
| Siddha | 11,47 | 12,911 |
| All | 2,71,402 | 4,20,471 |

**Source :** Health Statistics of India, 1985. Annual Report (1999-2000), Department of Indian Systems of Medicine, Ministry of Health and Family Welfare, Government of India, New Delhi.
- 685,185,000 (1981 Census)
- 846,302,688 (1991 Census)

### Primary Health Care and Practitioners of Indian Systems of Medicine

As mentioned earlier in this chapter, soon after Independence, policy recommendations favoured the incorporation of indigenous practitioners into the national health services. The joint UNICEF/WHO study that recommended the mobilisation and training of indigenous practitioners (including traditional birth attendants) partly drew its inspiration from the Chinese experiment of harnessing the legacy of health culture to the needs of its vast rural population, and combining it with western medicine. The ICSSR/ICMR Joint Study Group **(Indian Institute of Education, 1980)**[12] recommended the development of a

[12] Indian Institute of Education, ***Indian Council of Social Science Research, Health for All - An Alternative Strategy*** (Pune, 1980), pp.201-203.

national system of medicine through the 'Synthesis' (and not 'integration') of the different systems. Subsequently the National Health Policy was formulated, which assigned an important role to Indian Systems of Medicine in the delivery of primary health care, particularly for preventive and promotive aspects.

At last, the Ministry of Health and Family Welfare, Government of India, has provided a Manual for Practitioners of Indian Systems of Medicine. This manual explains the ways of involving the practitioners of Indian medicine in family welfare and primary health care.

**The Standardisation and Quality Control of Indian Systems of Medicine Drugs**

The standardisation of drugs and quality control are important factors in the treatment of Indian Systems of Medicine. Pharmacopoeial standards for Ayurveda, Siddha and Unani Medicine, both for single and compound drugs, are an essential item of work. The Ministry of Health and Family Welfare had taken up the task of developing pharmacopoeial standards through pharmacopoeial Committees. Pharmacopoeial standards are important and are mandatory for the implementation of the drug testing provisions under the Drugs and Cosmetics Act. These standards are also essential to check samples of drugs available in the market for their safety and efficacy. Three different Pharmacopoeial Committees are working for preparing official formularies / Pharmacopoeias to evolve uniform standards in the preparation of drugs of Ayurveda, Unani, and Siddha and to prescribe Working Standards for single drugs as well as compound formulations.

## Scheme for Developing Pharmacopoeial Standard of Indian Systems of Medicine Drugs

Under a new scheme for carrying out standardization work of single as well as compound drugs, 32 Research Institutions/Laboratories, including Universities, have been given financial assistance upto March 1999. The Scheme was in operation since 1997-98. The purpose of this Scheme was to provide financial assistance for developing Pharmacopoeial standards of single and compound drugs of Ayurveda, Siddha and Unani. A maximum amount of Rs.17.00 Lakhs was given for an Institution / Laboratory for 3 years for developing Pharmacopoeial standards and was released for meeting the expenditure by appointing Researchers (on contract basis), minor equipment, cost of samples, preparation of monographs and on contingencies. 200 drugs of plant and mineral and metal origin were allocated to the Laboratories during the year 1999-2000. The performance of the Research institutes was reviewed from time to time before releasing further instalments.

## Drug Control Cell (Indian Systems of Medicine)

The Drug Control Cell (ISM) has been functioning since May, 1992 in the Department of ISM & H. This cell is dealing with the various issues pertaining to Quality Control, import, export, classification of drugs under Drugs and Cosmetics Act, Patent relating issues and establishment of Traditional Knowledge Digital Library (TKDL). This cell is also looking after the implementation of legislation relating to drugs of ISM & H. This Department is concerned with drugs Legislation, namely, the Drugs and

Cosmetics Act, 1940 and the rules thereunder. There is separate Ayurveda, Siddha, Unani Drugs Technical Advisory Board. A drugs Consultative Committee has been set up to advise Government on matters relating to ISM drugs. The Drugs Technical Advisory Board has brought out a draft on the Good Manufacturing Practices for Ayurveda, Siddha and Unani Drugs. It has made recommendations on Pharmacopoeial aids etc., used in these drugs. This Board was reconstituted in October 1999.

A code of ethics for advertisement of drugs including model guidelines has been prepared with the consultation of Drug Controller General of India. Its purpose is to ensure quality of drugs that are advertised promoting the sale which may be purchased by the public without prescription and for which therapeutic claims are made.

The general guidelines on drugs and magic remedies on action proposed to be taken under the Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954 and guidelines with regard to issuing license of ASU, classical and Patent & Proprietary drugs were issued to all State Governments for implementation. The following States like Maharashtra, Uttar Pradesh, Bihar, Rajasthan, Manipur, Mizoram, Pondicherry, Tamil Nadu, Kerala, Himachal Pradesh, Madhya Pradesh, Delhi etc., have implemented the decision of the Government. State Governments have been advised to take necessary action against misleading/exaggerated advertisements of ISM Drugs/Herbal Drugs appearing in magazines, newspapers, electronic media under the Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954.

**Pharmacopeial Laboratory for Indian Medicine (PLIM), Ghaziabad**

This Laboratory was established in the year 1970 as Standard Setting-cum-Drug-Testing Laboratory for Indian Medicine (Ayurveda, Unani and Siddha) at the National level. Indian Systems of Medicine (ISM) are covered under the purview of Drugs and Cosmetics Act, 1940. The first Vol. of Ayurvedic Pharmacopoeia of India, Part-I, containing 80 monographs on single drugs has already been published. Out of the 350 single drugs of plant origin worked out by PLIM, 78 monographs are in the process of publication as Second Vol. of Ayurvedic Pharmacopoeia of India, Part-I. The remaining 192 monographs on the single drugs and 85 compound drugs were in the process of approval by the Ayurvedic Pharmacopoeia Committee for publication.[13]

The laboratory has provided training to the delegations of WHO Fellows, Ayurvedic Physicians (Hospital Superintendents/Chief Medical Officer) from National Institute of Health & Family Welfare, New Delhi and other State Government Departments.

The Siddha Pharmacopoeia Committee has published Siddha Formulary of India Vol.-I containing 248 formulation (Both in English and Tamil). The Committee has finalised standards for 70 compound formulations. Standards for 60 compound formulations for inclusion in Siddha formulary Part II were also finalised. 19 Monographs of plant origin also got approved for Siddha Pharmacopoeia. During 1998-1999, the Siddha Pharmacopoeia Committee had

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[13] Annual Report, ***Department of Indian Systems of Medicine and Homeopathy***, **Ministry of Health and Family Welfare, Government of India** (New Delhi, 1999-2000), pp.197-202.

prepared and approved 40 monographs of Plant origin mentioned in Siddha Formulary Vol.-I.

The Unani Pharmacopoeia Committee had approved the work of formularies and Pharmacopoeia, which is as follows.

i) National Formulary of Unani Medicine (NFUM) Part I, consists of 441 formulation, Printed (English version) in 1983.

ii) National Formulary of Unani Medicine (NFUM) Part I consists of 441 formulation Printed, (Urdu version) in 1993.

iii) National Formulary of Unani Medicine (NFUM) Part II, consists of 202 formulation approved and sent for Printing.

iv) Unani Pharmacopoeia of India (UPI) part I, 45 Single drugs approved and Printed in 1989.

v) NFUM part III, consist of 103 formulations has been approved and released for the benefit of Unani drug manufacturers.

vi) Unani Pharmacopoeia of India UPI part II, consist of 98 (Single drugs), approved and Printed.

vii) Unani Pharmacopoeia of India (UPI) part I, consist of 102 (Compound drugs) approved and released.

The Laboratory is also imparting training to the Scientists and Research workers engaged in the ongoing projects on Standardization of ISM drugs under the centrally sponsored scheme of the Department of ISM & H.

**Medicinal Plants and Indian Systems of Medicine**

The Indian Systems of Medicines Viz. Ayurveda, Siddha, and Unani profusely use plant-based raw material in most of their preparations and formulations. The efficacy of medicines of these systems mainly depend upon the use of pure and genuine raw materials obtained from medicinal plants in the manufacture of drugs of these systems. In all, about 2000 medicinal plants are estimated to find use in ISM and about 600 out of these are more commonly used.

From time immemorial, the forests have been the source for procurement of medicinal plants. During the last few decades, the area under forests has considerably decreased. Whereas the demand for raw material of medicinal plants origin has been increasing due to increased number of users and the resurgence of public interest in Indian System of Medicines. The depletion of the forest resources, particularly of medicinal plants and herbs poses a serious problem to indigenous medicine. Due to continuous exploitation of medicinal plants in forests and the absence of major regular developmental programmes in the forestry and agriculture sectors, a number of species of medicinal plants are reported vulnerable to extinction. This has also resulted in the sorts of prohibition of a number of medicinal plants even for medicinal use.[14]

The Department of I.S.M. & Homeopathy, Ministry of Health and Family Welfare, Government of India, have been initiating various steps for

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[14] ***Indian System of Medicine and Homeopathy in India Planning and Evaluation Cell,*** **Ministry of Health and Family Welfare** (Govt. of India, New Delhi, 1993), pp.12-30.

potential. Setting up of a Medicinal Plants Board is particularly required for the reason that issues related to the conservation, cultivation, harvesting, marketing, research, standardization, export/import etc. are properly coordinated. Under present conditions there is an absence of co-ordination and linkages between various concerned Departments/ Organisations and their field units leading to haphazard development and absence of a suitable policy. The needs of all ISM & H pharmacies, practitioners, manufacturers assessed through proper surveys and short and long term policies, which include determining priorities, need to be announced and updated periodically.

Keeping in view of the above, the Department of ISM & H set up an Expert Group to consider and formulate the proposal for setting up a "Board on Medicinal Plants". The Department finalised a proposal in this regard as contained under the "Medicinal Plants Board Act, 1999" on the basis of a report submitted by an Expert Group. This proposal was discussed with all concerned Departments/ Organizations. There was a complete consensus on the need for some sort of co-ordinating agency, though the idea of setting up a Statutory Board did not find sufficient support.[15]

### Intellectual Property Rights

A major development in this field at recent times is the keen interest taken by foreign countries in the development of herbal products and intellectual property rights. Some of the well known medicinal plants of India have been patented abroad. This Department has to keep a track of such patents

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[15] ***Indian System of Medicine and Homeopathy in India Planning and Evaluation Cell,*** **Ministry of Health and Family Welfare** (Government of India, New Delhi - 2000), pp.76-81.

and has to provide guidance and technical assistance to interested parties for patenting their products as well as for protecting their products. The heritage of Ayurveda also needs to be protected. This department has set up a small patent cell to attend to these activities.

**Patent Cell (ISM)**

The patent cell was created on 22 April 1997 to look after the work relating to the following :

1. To keep track of patents being filed in India or other parts of the world with respect to (i) Ayurveda, Siddha and Unani (ASU) drugs as defined in Section 3(a) and (ii) patent proprietary medicines as defined in Section 3(h) of the Drugs and Cosmetic Act;
2. To take effective steps to oppose grant of patents to classical Ayurveda, Siddha and Unani (ASU) drugs as defined in Section 3(a) of the Drugs and Cosmetics Act; and
3. To extend professional assistance to organizations (Government or Private) and Scientists in the ISM Sector in connection with filing of patents.

The Task Force on Conservation, Cultivation, Sustainable use and legal protection for Medicinal plants, set up under the Chairmanship of Dr.D.N.Tiwari, Member, Planning Commission, decided to set up a 'Core Group' under the Chairpersonship of Secretary (ISM & H) for consolidation of

information on the botanical and the medicinal use of plants referred to in the Ancient Texts. The objective is to place this in the public domain - a pre-requisite to prevent patenting of plant based medicinal plants. Necessary steps on creating Traditional Knowledge Digital Library (TKDL) to prevent the patenting of documented knowledge of ISM have been initiated. The work is done with the help of expert group at Benaras Hindu University, Gujarat Ayurvedic University, NIA, Jaipur and Central Council for Research in Ayurveda and Sidha - Head Quarter, New Delhi.

**Research and Development of Indian Systems of Medicine**

The Research Councils, viz., (i) Central Council for Research in Ayurveda and Siddha (CCRAS); (ii) Central Council for Research in Unani Medicine (CCRUM); continued to initiate and guide, develop and coordinate scientific research in different aspects of respective systems both fundamental and allied. These Councils are the Apex bodies for research in the concerned systems of medicine and are fully financed by the Government of India. These Councils have been reorganised to ensure efficiency and focused research activities. Their research activities are constantly under review. These are done to see that these Councils undertake meaningful research under fixed parameters within specified period and disseminate research findings for the benefit of educationists, research physicians, manufacturers and common person.[16]

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[16] Annual Report, ***Department of Ayurveda, Yoga and Naturopathy***, **Unani, Siddha & Homeopathy** (Government of Tamil Nadu, 2000-01), pp.149-155.

**Central Council for Research in Ayurveda and Siddha**

The Central Council for Research in Ayurveda and Siddha, an autonomous body under the Department of ISM & H, Ministry of Health and Family Welfare, Government of India, is an apex body in India for the formulation, co-ordination, development and promotion of research on scientific lines in Ayurveda and Siddha. The Council carries out its objects and functions through the network of Research Institutes and Centers functioning under its direct control and through a number of Units located in Universities, Ayurveda/Siddha and Modern Medical Colleges etc., in different parts of the country. A brief review of the work carried out under different research programs is hereunder :

**i) Clinical Research Programme**

Clinical conditions studied in **Ayurveda** include Tamaka swasa (bronchial asthma), Annadravasula (gastric ulcer), Parinamasula (duodenal ulcer) Arsha (piles), Bhagandara (fistula-in-ano), Parikartika (fissure-in-ano) Swetapradara (Leukorrhoea), Madhumeha (diabetes mellitus), Mutrasamari (urolithiasis), Vyanbalvaishmanya (hypertension), Hridroga (coronary heart diseases), Medoroga (obesity and lipid disorders), Paksvadha (hemiplegia), Pangu (paraplegia), Saisaviyavata (poliomyelitis), Gridhrasi (sciatica), Amavata (rheumatoid arthritis), Slipada (filariasis), Visamajwara (malaria) etc.

Clinical conditions under **Siddha System of Medicine** studied include Kalanjaga padai (psoriasis), Putrunoi (cancer), Gunmam (intestinal disorders), Valligunmam (peptic ulcer), Manjal kamalai (infective hepatitis), Sandhivatha

soolai (rheumatoid arthritis), Velluppunoi (anaemia), Venkuttam (leucoderma). During 1998-1999 medical aids to 3,40,000, patients approximately through Out-Patient Departments and about 1900 patients at In-door Patient Departments functioning at different Institutes/Centres/Units of the council have been provided.

### ii) Health Care Research Programme

Health Care Research Programme carried out by the Council includes Service Oriented Survey and Surveillance screening program, Community Health Care Research Program and Tribal Health Care Research Program. These programs are modulated to have rural bias so that benefits of the research program carried out can reach the grass root level. Under these programs, teams of research personnel visit each and every house in the villages/tribal pockets selected/adopted and provide incidental medical aid besides collecting data pertaining to the nature and frequency of prevalent diseases, food habits with regard to different seasons, socio-economic status, natural resources, the standard and types of treatment available to the rural/tribal folk. During the period, a population of about one Lakh individuals pertaining to 50 villages including 20 tribal pockets has been covered under this program and incidental medical aid provided to about 25,000 patients.[17]

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17 ***Report of Nineth Five Year Plan,*** **Indian System of Medicine and Homeopathy** (Government of India, 2000-01), pp.363-368.

### iii) Drug Research Programme

The Drug research programme consists of Medico-botanical Survey, Cultivation of Medicinal Plants, inter-disciplinary research programs like Pharmacognostic, Chemical, Pharmacological and Toxicological studies besides Drug Standardization studies. Under Medico-botanical Survey Program 40 survey tours were conducted and raw drug samples supplied to projects carrying out the work related to laying the Pharmacopoeial Standards under centrally sponsored scheme, including supply to PLIM, Ghaziabad besides supply to Councils, Institutes/Centres, for research work. The survey sections have maintained their Herbarium and Museum. About 450 medicinal species are presently grown in different Gardens. Pharmacognostical studies of 10 drugs, Chemical studies of 15 drugs and Pharmacological and Toxicological studies of 30 drugs used in Ayurveda and Siddha System of Medicine have been carried out during 1998 - 1999. The Council is also maintaining a Musk Deer Breeding Farm at Mehroori in Kumaon Hills and there were 16 adult animals at the end of reporting period. Under Drug Standardisation research program, Pharmacognostical/ Phytochemical studies on 120 drugs were conducted. Analytical standards were laid down for 15 formulations used in Ayurveda and Siddha besides standardization of two market samples and study of metallic contents of few raw drugs.

**iv) Literary Research Programme**

The Literary Research Programme broadly covers medico-historical studies, collection and compilation of references relating to drugs and diseases from classical treatises, lexicographic works, contemporary literature and publications of Ayurveda, Siddha and Modern Sciences. The Council is bringing out "Journal of Research in Ayurveda and Siddha", "Bulletin of Medico-Ethno-Botanical Research", "Bulletin of Indian Institute of History of Medicine" besides the `News letter'.

**v) Family Welfare Research Programme**

Clinical screening and Pharmacological studies of the oral contraceptive agents are being carried out under this programme. Clinical studies for evaluation of contraceptive efficacy of AYUSH-AC IV (Kcapsule, Pippalyadi yoga, Neem oil and Vandhyavari Vicoa indica) and Pharmacological studies on five drugs have been carried out. A Phase-I Clinical trial on Pippalyadi Yoga - an Ayurvedic anti-fertility drug has been started at three centres viz. All India Institute of Medical Sciences (AIIMS), New Delhi, Post-Graduate Institute of Medical Education & Research (PGIMER), Chandigarh and Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Pondicherry from 1st January, 2000. Toxicological and Teratogenic studies have already been done at National Institute of Immunology (NII), New Delhi. This study is being done in collaboration with Department of ISM&H, Department of Family Welfare and Indian Council of Medical Research (ICMR). The expert group on Anti-fertility research under ISM is doing the overall supervision.

**Central Council for Research in Unani Medicine**

The Central Council for Research in Unani Medicine was established by the Ministry of Health and Family Welfare, Government of India as an autonomous organisation in the year 1979, to initiate, aid, conduct, develop and to co-ordinate scientific research in Unani System of Medicine. The Council is engaged in the multifaceted research activities in the field of Unani medicine. The areas of research identified by the Council include clinical research, drug research, literary research, survey and cultivation of medicinal plants and family welfare research. These research activities are being carried out through a network of 31 Institutes/Units functioning in different parts of the country. These include a Central Research Institute of Unani Medicine at Hyderabad, nine Regional Research Institutes of Unani Medicine - one each at Chennai, Bhadrak, Patna, Lucknow, Aligarh, Mumbai, Srinagar, Calcutta and New Delhi, nine Clinical Research Units - one each at Allahabad, Bangalore, Kurnool, Karimganj, Meerut, Bhopal, Edathala (Kerala), Burhanpur and Pune, two Clinical Research Pilot Projects - one each at Ghaziabad and Nautanwan, four Drug Standardization Research Units - one each at New Delhi, Chennai, Lucknow and Bangalore, a Clinical Research Unit at Aligarh, a Literary Research Institute at New Delhi, two Family Welfare Research Units - one each at Hyderabad and Mumbai and a Library and Information Centre at New Delhi.[18]

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[18] B.V. Subbarayappa, *Chemical Practice of Alchemy In : A Concise History of Sciences in India* (New Delhi, 1991), pp.335-337.

increasing the period of lactation as well as amount of secretion of milk in lactating mothers. Lactational amenorrhoea has also been observed in most of the cases thereby reducing the chance of unplanned pregnancies and increasing inter pregnancy period. Thus, the research studies were planned with an interdisciplinary outlook so as to provide a rational and interpretative profile for various concepts and facets of Indian Systems of Medicine and in course of time enrich the corpus of medical knowledge for the benefit of humanity at large as well as for placing the system on firm ground in the competitive world of medicine.

**Health Care Services and Preference for Indian Systems of Medicine in Tamil Nadu**

Perfect health is an ideal similar to perfect happiness and it is essential for the satisfaction of basic needs and the quality of life. It is also a predominant factor of not only individual's welfare but also a society's welfare. Hence, health is considered both as an input for development as well as a desirable end product.

One of the fundamental rights of every human being without the distinction of race, religion, political belief, etc., is the enjoyment of the highest attainable standard of health. This implies the state's responsibility of providing necessary and efficient health care services. National Governments all over the world are striving to expand and improve their health care services. Particularly, a welfare-oriented state has the responsibility to provide the health care services to all people in equal measure. Health care is not synonymous with medical, but

has a wider connotation. Since health is influenced by a number of external factors also, the frontiers of health care extend beyond medical care. Health is influenced by many factors like food, water supply, sanitation, housing, education etc. Hence, an inter-sectoral approach and co-operation among various sectors is essential for the achievement of health as well as economic goals.

Health care services may be defined as "all those personal and community health services including medical care and related education and research directed towards the protection and promotion of the health of the community" **(WHO, 1971).**[19] Thus health care services are designed to meet the health needs of the community through available knowledge and resources.

Medical care is a subset of health care and it includes all services for diagnosis, treatment and medical rehabilitation. Medical services refer chiefly to those personal services that are provided directly by physicians or rendered as the result of physicians's instructions. Medical care services range from domiciliary care to resident hospital care. The main aim of the medical services is to diagnose, treat disease and rehabilitate people incapacitated by diseases and injury. The Government of Tamil Nadu makes provision of medical care to the community through a Government hospital network of modern system of medicine as well as Indian systems of medicine.

The Directorate of Indian Systems of Medicine and Homeopathy, Government of Tamil Nadu established Medical Institutions, imparting

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[19] ***World Health Organization***, **Public Health Papers** (Geneva, 1971), p.243.

Undergraduate and post-graduate Medical Educations under various disciplines in the Indian systems of medicine viz., Siddha, Ayurveda and Unani as well as in Homeopathy apart from providing Health care facilities through the hospitals attached to the Medical Colleges, District Headquarters Hospitals, Taluk Hospitals and Non-Taluk Hospitals, Government dispensaries and Primary Health Centres.[20]

**Patterns of System-Wise Preference for Indian Systems of Medicine in Tamil Nadu**

It is known from the records that the total number of outpatients treated under Indian system of medicine increased from 38,04,481 in the year 1985 to 84,50,286 in the year 1999. This increase in the number of outpatients shows a positive sign of people's faith and interest in Indian medicine. Similarly the number of outpatients treated under Siddha System of Medicine increased continuously from 35,32,279 in the year 1985 to 80,61,479 in the year 1999. A significant point to be taken into consideration is that the number of out-patients treated under Ayurveda decreased from 1,82,246 in the year 1985 to 1,01, 628 in the year 1989. The important characteristic of an individual's demand for medical services is that it is not steady in origin, but irregular and unpredictable.

Medical services, apart from preventive services, afford satisfaction only in the event of illness, a departure from the normal state of affairs.[21] However,

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20 ***Performance Budget*, Ministry of Health and Family Welfare** (Government of Tamil Nadu, 1999), pp.149-152.

21 K.J. Arrow, ***Uncertainty and the Welfare Economics of Medical Care*, American Economic Review** (New York), 1963), p.948.

preference for Ayurveda increased from 1,95,472 in the year 1990 to 2,45,020 in the year 1999.

In the case of Unani system of medicine, the demand increased from 89,956 in the year 1985 to 90,408 in the year 1988. The demand for Unani gradually decreased to 59,124 in the year 1994. However, within that decade there was a change in the demand for Unani. It increased from 69,680 in the year 1995 to 1,43,787 in the year 1999.

The preference for Siddha System of Medicine during 1985-1986 was 93 percent, for Ayurveda 5 percent, and for Unani 2 percent. The percentage of demand for Siddha System of Medicine increased to 96 percent in the year 1987, whereas the demand for Ayurveda decreased to 2 percent and for Unani, the percentage remained the same in the year 1987. Though, the percentage of preference of Siddha System of Medicine decreased one percent, in the year 1988, compared to other two systems of Indian medicine, 4,81,703 more patients were treated under the Siddha System of Medicine in the year 1988. The percentage of outpatients of Ayurveda increased to 4 percent, whereas the percentage of outpatients of Unani decreased to 1 percent in the year 1988. The preference for Siddha System of Medicine increased to 97 percent in the year 1989 and for the rest of the period, the percentage was 96 percent. The percentage of Ayurveda remained between 3 percent and 4 percent during 1990-1999. The demand for Unani remained to 1 percent, but it increased from 69,680 in the year 1995 to 1,43,787 in the year 1999. The significant factor that emerges from the above analysis is that among all the three systems of Indian medicine, the preference for Siddha System of Medicine is highest in Tamil

Nadu. One of the reasons for preference for Siddha System of Medicine is cultural links between the people of Tamil Nadu and the Siddha Medicine.[22]

Socio-cultural factors for a human group have a great influence on the health of the people. The attitude of the people towards diseases and its cure differs according to the cultural patterns of the people. Customs, traditions, values and patterns of interaction are the elements of culture, which directly or indirectly influences the health of the people. Even today, the people in Tamil Nadu have deep faith in the traditional value and practices in the context of diseases, their treatment and health.

The number of in-patients treated under Siddha System of Medicine increased from 94,419 in the year 1985 to 1,38,132 in the year 1987. The expensive cost of treatment under the allopathic medicine and its side effects, the occurrence of chronic diseases amidst poverty, which affects a large section of people of Tamil Nadu, as elsewhere in India, are perhaps the main reasons for the preference for Siddha Medicine. It is attested by the fact that there was increase of in-patients to 1,54,597 in the year 1989.

The diseases treated for in-patients under Siddha System of Medicine are, for example, Vali Gunmam (Peptic ulcer), Manjal Kamalai (Infective Hepatitis), Putru noi (Cancer), Kalanjaga Padai (Psoriasis), Vada noi (paralyses), Rheumatoid Arthritis etc. Saint Agasthiyar considered the disease Vali Gunmam (Peptic ulcer) as one of the stress oriented disease. This disease has been dealt within detail by ancient Siddhars like Bogar and Yugimuni. The

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[22] K. Mudaliar, ***Siddha Maruthuvam in Tamil***, **Department of Siddha Medicine** (Government of Tamil Nadu, 1988), pp.40-71.

drug Thambira Chendoornam is administered at a dose of 45 milligram with honey twice daily for 21 days.

In the case of Ayurveda, number of in-patients treated increased from 19,726 in the year 1985 to 21,537 in the year 1986. During the period 1987, the in-patients of Ayurveda decreased to 15,448. Correspondingly, there was an increase in the demand for Siddha System of Medicine. In-patients treated under this system increased from 15,505 in the year 1988 to 21,959 in the year 1996. However, number of patients declined to 16,531 under the system of Ayurveda. 18,150 in-patients were treated under the system of Unani in the year 1985. Number of in-patients of Unani system of medicine gradually decreased to 13,328 in the year 1994. Religion plays vital role in demanding the Unani system of medicine, which is a Muslim oriented medicine. Moreover, the number of patients increased to 22,753 in the year 1999.

From these observations, it is also important to analyse in terms of percentage of system-wise in-patients treated under Indian systems of medicine in Tamil Nadu.

In the year 1985, the percentage of in-patients under Siddha System of Medicine was 71 percent, Ayurveda 15 percent, and Unani 14 percent. The percentage of in-patients of Siddha System of Medicine increased to 80 percent. In the year 1994, it is further noted that the percentage of in-patients treated under Ayurveda and Unani decreased to 11 percent and 9 percent respectively. In the context of preference for in-patients of Indian systems of medicine, during the years 1992 to 1994, the percentage of in-patients treated under the

Siddha System of Medicine increased from 78 percent to 80 percent. It is to be noted that the percentage of in-patients treated under Ayurveda decreased from 13 percent to 11 percent and under the Unani system, 9 percent of in-patients taken treatment and increased to 12 percent in the year 1999.

Moreover, the percentage of preference for in-patients of Siddha System of Medicine further increased to 83 percent in the year 1998. It is observed that 10 percent and 7 percent of the in-patients were treated under Ayurveda and Unani systems respectively. Yet another observation is that the percentage of in-patients treated under Siddha System of Medicine was 81 percent in the year 1999, but the number of in-patients of Siddha increased from 1,54,537 in the year 1998 to 1,63,501 in the year 1999.

From these observations, it is clear that in-patients treated in Tamil Nadu under Siddha System of Medicine show higher percentage compared to other two Indian systems of medicine.

**An Analysis of Pattern of Preference for Siddha System of Medicine in Tamil Nadu**

In the context of higher level of preference for Siddha System of Medicine, it is further analysed in terms of annual rate of change of out-patients and in-patients treated under Siddha System of Medicine in Tamil Nadu during the period from 1985 to 1999.

Annual rate of change of out-patients treated under Siddha System of Medicine is examined to study the pattern of demand for Siddha System of

Medicine in Tamil Nadu. The average annual rate of change of out-patients treated under Siddha System of Medicine is calculated to 6.38. This result shows positive sign for the demand for Siddha System of Medicine.[23]

The average annual rate of change of in-patients treated in Tamil Nadu (4.58) is evidence for the increasing demand for Siddha System of Medicine. From the average annual rates of change of out-patients and in-patients treated under Siddha System of Medicine in Tamil Nadu, it follows that health care services provided by Government of Tamil Nadu through Siddha System of Medicine influence health status of the people of Tamil Nadu. The preference for Siddha System of Medicine is further analysed with the help of linear regression model and growth rate.

## The Importance of Urban, Rural Preferences and Siddha System of Medicine

A hospital is defined as an institution for the care, cure and treatment of the sick and wounded, for the study of diseases and for the training of doctors and nurses.[24] Illustrated Medical Dictionary defines hospital as "an institution suitably located, constructed, organised, staffed to supply scientifically, economically, efficiently and unhindered all or any recognised part of the complex requirements for the prevention, diagnosis and treatment of physical, mental and the medical aspects of social ills; with functioning facilities for

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[23] ***Preference Behaviour of Siddha System of Medicine Report*** (Government of Tamil Nadu, 1985), pp.305-309.

training new workers in many special professional, technical and economical fields, essential to the discharge of its proper functions; with adequate contacts with physicians, other hospitals, medical schools and all accredited health agencies, engaged in the better health programme.[25]

The hospital is the community trustee responsible for a large amount of the definitive medical care provided in a community. The most important objective of a hospital is to programme its services in such a manner that the community needs are met. Hospitals, should therefore, qualify high standards of quality and quantity.[26]

World Health Organization Expert Committee defines hospital as an integral part of a social and medical organisation. It provides complete health care, both curative and preventive.[27] Hospital is a part of social, economical and political system to provide health care services. Traditionally curative medical care has been the principal function of hospitals. The WHO Expert Committee, an Organisation of Medical Care, has recommended that the hospitals should develop preventive health care activities alongside of teaching, training and research at both biomedical and social levels to qualify the hospitals to be called a General Hospital. Co-ordinating of activities of hospitals in a regional system

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24 Steadman, ***Medical Dictionary*** (Baltimore, 1966), pp.750.

25 Dorland, ***Medical Dictionary*** (Philadelphia, 1961), pp.629.

26 P.J. Dixon, ***Hospital and the Community***, **Administration of Community Health Services** (Chicago, 1961), pp.62-84.

27 ***World Health Organization Report***, Vol.II (Geneva, 1957), pp.4-5.

to achieve the integration of curative, preventive and teaching functions is also recommended by the Committee.[28]

## HOSPITALS TREATING THROUGH SIDDHA SYSTEM OF MEDICINE

There are two hospitals namely, Government Siddha Medical College Hospital, Palayamkottai, Tirunelveli District and Arignar Anna Government Hospital of Indian Medicine, Chennai, specialising in Siddha System of Medicine. The former is located in a developing town of one of the districts of Tamil Nadu. The latter is located in the metro city of Chennai. The recognisable difference in social, economic and cultural facets between the two locations is likely to cast its effect on the preference pattern of public towards health care needs.

**Government Siddha Medical College Hospital, Palayamkottai, Tirunelveli District and Arignar Anna Government Hospital of Indian Medicine, Chennai** are the principal institutions functioning under the control of the Directorate of Indian Medicine, Government of Tamil Nadu. These have been organised to promote health, prevent disease, foster research and education in the health field and care for the sick and injured, regardless of economic and social status. These two hospitals are premier Siddha Medical Institutions in the State of Tamil Nadu, which cater to overall health requirements of the public at large. These two hospitals, which form the most significant part of the health care system, contribute to the society's health goals. For attaining society's

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[28] ***World Health Organisation Report***, **Hospitals and Health for All** (Geneva, 1987), p.744.

health goals, various types of health services are offered by means of preventive, curative and rehabilitative services through a hospital network.

**Government Siddha Medical College Hospital, Palayamkottai, Tirunelveli District**

Government Siddha Medical College Hospital is located in Palayamkottai Taluk of Tirunelveli District. The district is bounded on the North by Kamarajar District; on the West by Tiruvananthapuram District of Kerala; on the East by Tuticorin District, and the South by Kanniyakumari District and Gulf of Mannar.

The district comprises 8 Municipalities; 9 Taluks, 19 Community Development Blocks, 24 Census towns and 538 Villages. This district is having a Geographical area of 6810 sq. kms. The population of the district as per 1991 census is 2,501,832 comprising 1,229,902 males and 1,271,930 females. Out of this population 1,708,656 (68.30 percent) live in rural areas and 793,176 (31.70 percent) live in urban areas.[29]

Palayamkottai is a taluk situated in Tirunelveli District of Tamil Nadu. The taluk is bounded on the north by Tirunelveli Taluk; on the west by Ambasamudram Taluk; on the east by Srivaikuntam Taluk of Tuticorin District and on the south by Nanguneri Taluk. In fact Tirunelveli and Palayamkottai are considered to be twin towns divided geographically by the Tambraparani river.

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[29] ***Directorate of Census Operation Tamilnadu***, **Annual Statistical Abstract of Tamilnadu** (Government of Tamil Nadu, 1993), p.124.

Government Siddha Medical College Hospital at Palayamkottai was started in the year 1964. It serves the health care needs of the rural population of Palayamkottai, the vicinity of Tirunelveli District and other adjoining areas of the region. The out-patient and in-patient treatment under Siddha System of Medicine alone is available at Government Siddha Medical College Hospital at Palayamkottai with 250 beds. The institution also provides clinical teaching to the graduate and post-graduate students. A pharmacy is attached to this hospital to provide teaching facilities to the students of Government Siddha Medical College, Palayamkottai for their practical training in the preparation of Siddha Medicines.

The medical service rendered by Government of Siddha Medical College Hospital gives a great psychological satisfaction to the people, because the rural people of Tirunelveli District had immense faith in the Siddha System of Medicine, which makes use of vegetables, herbs, plants and minerals for the treatment of different diseases. A patient who has been administered a rare medicine, can never be cured, unless he has faith in it.[30]

**Arignar Anna Government Hospital of Indian Medicine, Arumbakkam, Chennai**

The Arignar Anna Government Hospital of Indian Medicine is located at Arumbakkam in Chennai. Chennai, the capital of Tamil Nadu, is the largest city in South India and the fourth largest city in India. It lies about the middle of the eastern coast. It stretches more than 25 km along the coast from Thiruvanmiyur

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[30] Carstairs, Morris, ***Medicine and Faith in Rural Rajasthan*** (New York, 1955), pp.105-109.

in the south to Thiruvotriyur in the north. Its present structure approximates a semi-circle with extensions in five directions, the north, north-west, west, south-west and south.[31] At present, Chennai city covers a total area of 170 sq.km with a population of 40 lakhs (1991 census). The total area of Chennai Urban Agglomeration (CUA) comprising the city with 4 municipalities, 5 townships and 38 villages, which have been classified by the census as urban is 531 sq.km. The population of CUA in 1981 was 42.76 lakhs. The planning area to which Chennai city belongs is the Chennai Metropolitan Area (CMA), a unit delineated by the Tamil Nadu Government Directorate of Town Planning. The CMA covers about 1176 sq.km., now classified as CUA plus 227 villages which have been set aside for special planning consideration with a population of about 65 lakh in 1995.[32]

Health care needs of the people of City of Chennai are met commonly by modern medicine. In addition, Indian systems of medicine are also slowly gaining ground to provide health needs of the people. Arignar Anna Government Hospital of Indian Medicine is a place where patients can find doctors from all systems of Indian medicine under one roof. It is situated in a huge campus of 19.5 acres within the city of Chennai. The Arignar Anna Hospital of Indian medicine, Chennai, is perhaps the only one, which encompasses the Siddha, Ayurveda and Unani systems of medicine. In the year 1999, Yoga and Naturopathy wings have also been added.

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31 C. Murukadas, ***Problems of Urban Growth : A case study of Madras City*** (Chennai, 1982), pp.163-167.

32 C. Murukadas, ***"Urban Poor" - Dynamics of Struggle and Survival***, RAC Publication (Chennai, 1999), p.243.

The Arignar Anna Hospital of Indian Medicine, Chennai has the unique distinction of providing treatment facilities for out-patient and in-patient in all three Indian systems of medicine with 120 beds for Siddha, 55 beds for Ayurveda and 54 beds for Unani. This Hospital also serves as an academic institution to the Government Siddha Medical College, Chennai and Government Unani Medical College, Chennai. In addition, the hospital provides out-patient treatment facilities in Yoga, Naturopathy and Homeopathy Systems of Medicine.[33]

For studying the preference for Siddha Medicine by the people who live in and around Chennai, the number of outpatients and in-patients treated under Siddha unit in the Arignar Anna Government Hospital of Indian Medicine during the period 1985 to 1999 were taken up for scrutiny. Recorded evidences available from the Siddha unit of Arignar Anna Government Hospital of Indian Medicine, Chennai, show that the number of out-patients increased from 1,57,765 to 2,22,435 and in-patients increased from 23,096 to 23,968 during the period 1985-1999.[34]

Similarly the number of patients who opted Siddha Medicine in the Government Siddha Medical College Hospital, Palayamkottai, demonstrates clearly that the people in the Tirunelveli District and in its vicinity where most of the rural people live, prefer Siddha System of Medicine. The common attitude of the rural population is to try patent medicine by self medication,

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33 ***Ministry of Health and Family Welfare*, Policy Note on Medical and Public Health, Indian Systems of Medicine** (Government of Tamil Nadu, 2000), p.103.

34 ***Hospital Records: Govt. Siddha Musical College Hospital*, Palayamkottai and Arignar Anna Govt. Hospital of Indian Medicine** (Chennai, 1999), p.132.

before visiting a medical practitioner. If the patent medicine fails to cure a patient, then, they resort to the indigenous system of medicine. Finally, even if this fails, then the patient prefers to be treated on the lines of the modern system of medicine by a medical practitioner. Therefore if a patient in the area of Tirunelveli District is cured without recourse to modern system of medicine, the credit is given to the Siddha System of Medicine.

In fact, an increase in the out-patients and in-patients treated under Siddha unit of Arignar Anna Government Hospital of Indian Medicine, Chennai, is lesser than the increase recorded by Government Siddha Medical College Hospital, Palayamkottai, Tirunelveli District.

**Siddha System of Medicine as alternative medicine**

The service rendered by Government Siddha Medical College Hospital, Palayamkottai account for 89 percent variation in demand for Siddha System of Medicine whereas 38 percent variation in demand for Siddha unit of Arignar Anna Government Hospital of Indian Medicine, Chennai. Growth rates show a positive influence in the preference behaviour towards Siddha System of Medicine at both the places. Though the regression co-efficient is statistically significant at 1 percent in the two hospitals, the growth rate **(27.47)** of out-patients treated in GSMCH, Palayamkottai shows higher level of increase in demand for Siddha System of Medicine than the growth rate **(13.91)** of out-patients treated at Siddha unit of AAGHIM, Chennai. (Figures in brackets are 't' values. t-values are significant at 1 percent level.)

Though the regression co-efficient of in-patients is statistically insignificant at Siddha unit of AAGHIM, Chennai, the growth rate (12.43) of in-patients treated at Siddha unit of AAGHIM, Chennai is higher than the growth rate **(10.85)** of in-patients treated as GSMCH, Tirunelveli District. From this, it is observed that there has been increasing trend in opting in-patient service by people of Chennai at AAGHIM, Chennai. However, the increase in demand for Siddha System of Medicine for the out-patient and in-patient treatment in the Government Siddha Medical College, Tirunelveli District, is higher than the increase in the demand for Siddha unit of Arignar Anna Government Hospital of Indian Medicine, Chennai.

**Present State of Siddha System of Medicine in Tamil Nadu**

**Siddha Hospitals/Wings**

Apart from providing health care facilities through Government Siddha Medical College Hospital, Palayamkottai, Tirunelveli District and Arignar Anna Government Hospital of Indian Medicine, Chennai, Siddha wings are functioning in 27 District Hospitals, 164 Taluk Headquarters Hospitals, 38 Non-Taluk Hospitals, 281 Primary Health Centres and 6 Medical College Hospitals. Besides this, 32 Government independent Siddha dispensaries are also functioning in the State of Tamil Nadu.[35]

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[35] ***Policy Note on Medical and Public Health*, Government of Tamil Nadu** (Chennai, 1999-2000), pp.43.

**Siddha Pharmacy**

The pharmacies attached to GSMCH, Palayamkottai, Tirunelveli District, and AAGHIM, Arumbakkam, Chennai are preparing and supplying all required medicine in Siddha to cater to the needs of patients at Siddha Hospitals and Wings. In addition to the supply of medicine by the Government pharmacies, the following Government undertaking and Co-operative Institutions are also supplying the Siddha Medicine to the Siddha Wings and Dispensaries in the State of Tamil Nadu.

1. TAMPCOL (Tamil Nadu Medicinal Plant Farms & Herbal Medicine Corporation Limited), Chennai.
2. Lakshmi Seva Sangam (Run by Gandhigram Trust), Dindigul.
3. IMPCOPS (The Indian Medical Practitioners Co-operative Pharmacy & Stores), Chennai.

**Tamil Nadu Siddha Medical Council**

With a view to develop the Siddha System of Medicine and for the Regulation of Registration and Renewal of practitioners under this system of medicine, the Tamil Nadu Siddha System of Medicine (Development and Registration of Practitioners) Act, 1997 was enacted by the Government of Tamil Nadu. This act came into force with effect from 29 September 1997.

The Government constituted the first Siddha Medical Council by nominating its President and other members of this council. After the first council completed its term the Government constituted the Tamil Nadu Siddha

Medical Council by nominating 5 Ex-officio members and 4 members for the above council. The council has so far registered 5978 Siddha Medical Practitioners under the 1997 Act.

**Research Activities in Siddha System of Medicine**

An Ethical and Scientific Committee consisting Siddha and Allopathy has been constituted to undertake Research Work in Prevention of AIDS and treatment of HIV positive cases. A clinical research on AIDS/HIV patients at Government Hospital of Thoracic Medicine, Tambaram, Chennai, through Siddha System of Medicine is being conducted. The research so far undertaken in the treatment of AIDS cases with the Siddha System of Medicine provides encouraging results.

To test the medicines prepared by Hereditary Siddha Medical Practitioners and to treat the patients suffering from Cancer and AIDS, a Research Wing in Cancer and AIDS in Siddha System of Medicine has been started both at Government Siddha Medical College Hospital, Palayamkottai, Tirunelveli District & Arignar Anna Government Hospital of Indian Medicine, Arumbakkam, Chennai. The research work is in progress. Research units in Diabetes, Fracture and Infertility are functioning at Arignar Anna Government Hospital of Indian Medicine, Arumbakkam, Chennai.[36]

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[36] ***Annual Report*, Government Siddha Medical College and Hospital** (Palayamkottai, 1998), pp.137-142.

**Central Research Institute for Siddha (CRIS)**

The Central Research Institute for Siddha was established in December 1971. It is functioning in the building provided by the Government of Tamil Nadu in the campus of the Arignar Anna Government Hospital of Indian Medicine, Arumbakkam, Chennai. This institution is functioning under the Central Council for Research in Ayurveda and Siddha, New Delhi. Like any other hospital, the Clinical Section of Central Research Institute for Siddha includes an out-patient department and in-patient facilities with total 60 beds for men and women. The Institute has designed a wide range of research programmes to promote and develop the Siddha System of Medicine. The Institute has been conducting research in the field of drugs and diseases based on fundamental principles of Siddha System of Medicine utilising available modern knowledge and techniques for finding out better and effective measures for prevention and cure of various ailments.

**National Institute of Siddha, Chennai**

The proposal for establishment of a National Institute of Siddha (NIS) at Chennai by the Government of India for imparting both UG and PG education in Siddha has been approved, in principle, during the 9th five-year Plan period (1997-2002).

NIS will be an Apex Institute for Siddha. It is expected to produce best quality physicians, Teachers and Researchers in Siddha. It will be able to standardise the clinical care, education and research in Siddha System of Medicine. In addition, it will be a primary institute for conducting UG and PG

courses and contribute to the efforts of improved educational standards in Siddha System and absorption of PGs in research and development work. Government of Tamil Nadu has offered 14.78 acres of land at Tambaram free of cost. The Government of India has taken the possession of the land and a Society of NIS has been registered in January 1999. During 1998-1999, a sum of Rs.4.00 lakhs was released to NIS, Chennai. The provision under Budget Estimate (Plan) for 1999-2000 is Rs.50.00 lakhs.[37]

The foregoing developments show clearly the status of Siddha Medicine in the modern period in Tamil Nadu. Still people believe in the curative value of Siddha medicine which has survived as a part of the cultural life of the people in Tamil Nadu.

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[37] ***Annual Report*, Department of Indian Systems of Medicine and Homoeopathy, Ministry of Health and Family Welfare, Government of India** (New Delhi, 1999-2000), pp.146-149.

# CHAPTER - V

## *Diseases Cured by Siddha Medicine*

# CHAPTER - V

# DISEASES CURED BY SIDDHA MEDICINE

Siddha system of medicine is based on hypothetical and biological laws of nature. The Siddhars were the pioneers in identifying medicinal herbs, minerals and metals. They found out the methods of processing herbs, minerals, metals and natural raw materials. They were the first to make churnams (powdered herbs), chenthurams (treated and easily absorbable red colour powdered medicine) and leyhams (thick batter like formulation) etc. This chapter briefly enumerates the nature of some common and devastating diseases of mankind and the cures for them in Siddha medicine.

Siddha system of medicine has cures for several diseases. These medicines have been used from time immemorial and are still useful as cures even today for many common ailments. They are popular among the rural and common people who could not afford to spend on costly allopathic treatments.

The 18 Siddhars identified and classified as many as 4,448 diseases and prescribed medicines in the form of herbs, roots, salts, metals, minerals compounds and a combination of some of these.

## 1. Treatment for AIDS or otherwise familiarly known in Tamil as Vettai Noi with the help of Indigenous Herbal Medicines

The equivalent of AIDS was known as "Vettai Noi" from the ancient days in South India. Vettai Noi was classified into 21 types. It was believed that

most of them are caused by depletion of the Prana and/or Ojas through excess indulgence and abuse of the body, rendering the immune system weak and susceptible to pathogens. The chief cause of "Vettai Noi" is due to the three humors, Tridoshas and mainly due to Azhal Kutrum (Pittam or bile, acidic nature) exhibited in the blood stream.[1]

The special feature of the Siddha medicine for the treatment of this disease is that most of the preparations are in compound formulation. These compounds produce synergistic action and reduce toxicity. Further the bioavailability is increased through the cells of the body. The pharmacodynamics of this system is entirely different from other systems of medicines.

The herbs recommended for the effective treatment of "Vettai Noi" consist of Arugampul (Bermuda grass), Karisalankannee (Eclipta prostrata), Musu musukkai, Thooduvalai (Alarka) and Jeeragam (cumin seeds). They act as a Kaya kalpa herb improving intelligence, endowing wisdom and provide a healthy lustre to complexion.[2]

Musu Musukkai is used to cure many respiratory system, illness of cough, chest pains, etc. It is used as a expectorant and has astringent qualities. It is also used to cure Vettai Noi or AIDS.

Thoodhuvalai-another Kaya kalpha herb increases strength by toning the respiratory system and bone marrow function, thereby removing the defects

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[1] V. Narayanasamy, ***Introduction to the Siddha Medicine*** (Chennai, 1964), pp.92-93.

[2] ***Journal of Internal Medicine*** (New Delhi, 2003), 18(4), pp.242-247.

arising out of Silethamam the 3rd humor. It acts as a stimulant tonic and expectant, allowing the body to be purified to increase the metabolic activities. This leads to an increase in body weight, builds muscle mass, and increases libido.

Jeeragam has carminative and astringent properties. It is a remedy for illness like stomach ache, dysentery, asthma, TAB bronchitis, disintegrates stones formed in liver, spleen and renal tract etc. It improves digestive capacity aiding increase in body weight. Jeeragam acts on all parts of the abdomen, especially on the liver, spleen, urino-genital system, bone marrow, and blood-respiratory organs.[3]

Thus these five herbal medicines, Arugampul, Karisalankanni, Musu Musukkai, Thoodhuvalai and Jeeragam were used to eradicate most of the disease of the liver, spleen, bone marrow, blood, respiratory organs, urino-genital organs, resulting in good improvements in the general condition of the body.

Siddha medicines are formulated in such away to have a total rejuvenating effect on the body's thadus and hence effective against even some particular disorder.[4]

**Siddha Medicines** : Capable of toning up the system:

1. Senkottai - *Semicarpus anacardium*

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[3] V. Kalidoss, ***Siddha System of Medicines for Treatment of AIDS*** (Chennai, 1971), page 11-13.

[4] ***Journal of Pathology Laboratory Medicine*** (New Delhi, 2003), 127(5), pp.579.

2. Pon kaiyan - Eclipta plant bearing yellow flowers
3. Pon oomathai - Datura plant bearing yellow flowers
4. Thillai - *Excoecaria agallocha.*[5]

Prolonging life:

1. Sarkarai vembu - *Scoparia duclis*
2. Kodi nelli - Indian Gooseberry (Creeper variety)
3. Azhu kanni - Indian weeping tree
4. Thozhukanni - Telegraph plant.

## 2. Amoebic Dysentery

Amoebic dysentery (amoebiasis) is an infection of the intestine (gut) caused by an amoeba called *Entamoeba histolytica*, which, among other things, can cause amoebic dysentery. Entamoebae are parasites that are found in contaminated food or drink. They enter the body through the mouth when the contaminated food or drink is swallowed.

### Treatment

The treatment of Amoebic dysentery is still unsatisfactory notwithstanding the invention of so many drugs in the market that are all producing one or the other toxic effects. In Siddha medicine, Kutasapalaipattai and Padigalingathuvar have been extensively used for the treatment of dysenteries and diarrhoeas.[6] It necessitates to assess whether Lingathuvar and

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5 Colliers, ***Life Expertenup - Encyclopedia*** (Delhi, 1955), p.376.

6 ***Journal of Communicable Diseases*** (New Delhi, 1992), 24(4), p.224-230.

Kutasapalai pattai have any beneficial effect on this common disease which is more widespread in the tropics and sub-tropics. Moreover a repeated and inadequately treated attack of Acute Amoebic Dysentery is followed by Chronic Dysentery. This is the result of long continued mixed infection of the colonic wall by *Entamoeba hisolytica* (E.H) and by bacteria. So usually it becomes a chronic one with mixed infection of bacteria also requiring treatment not only for E.H, but also for other bacterias.

**Nature of the diet**

Patients are advised to take only blonde diet without tamarind, chillies, and spices. The diet mainly consists of bread, butter milk and kanjee. Non vegetarian diet is totally avoided. The Siddha drug *Thanbira chenduram* is an effective one for peptic ulcer if devoid of perforations and haemorrhage. The medicine has proved to have no side effect nor any toxic reactions. Further it is available at a low cost thus making it accessible to a common man.[7]

**3. Anaemia and Siddha Medicine**

The symptoms and signs in an anaemic patient are 1. The anaemia itself 2. The disorders causing anaemia (i.e.) due to thrithathu derangement by various intrinsic and extrinsic reasons. The relative prominence of each of these groups of symptoms varies in the individual patient depending on the degree of anaemia. The nature, severity of the causative factors and the degree of the deranged thathus (Basic tissue elements of the body), are mild or absent and the

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7 ***Text book of surgery*** (Delhi, 1931), p.739.

symptoms of anaemia dominate the clinical picture. The level of the pitha especially ranjaka pitha at which symptoms of anaemia develop depends on two main factors. The rate of development of anaemia and the age of the patient. The haemoglobin level determines these factors in modern side. In general, symptoms occur at higher level in `Karunthathu' (haemoglobin) which is governed by Ranjaka pitha with rapidly developing anaemias (e.g.) anaemia due to acute haemorrhage than in a slowly developing chronic anaemia.

**Treatment**

As per Siddha kalpa, purified and consolidated arsenic is effective against all fevers, asthma and anaemia.[8]

Gold is alterative, nervine tonic, antidote to poison and a powerful sexual stimulant. Very little is absorbed in the system. Care is taken to see that calcination of gold is free from metallic state and luster to ensure safe absorption in the system. Thus, these drugs and metallic minerals can be screened for its anti-viral, immune stimulant and immuno-modulator activity. As HIV negative people have taken Kalpa drugs for rejuvenation and long life, it is believed that if Kayakalpa therapy is thoroughly investigated using modern parameters it might lead one to find whether these drugs could be used in preventive or curative benefits in AIDS or other degenerative disorders. Thus it is proved beyond doubt that the indigenous Siddha system of medicine has already made attempts to cure the prototype of the AIDS.

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8 ***Ayurveda Indian Systems of Medicine and Homeopathy,* Government of India** (New Delhi, 1962), pp.90-91.

## 4. Cancer Treatment by Siddha

The most predominant of the degenerative diseases in the world today is cancer. It ranks second to cardiovascular diseases. The origin of all degenerated diseases according to Siddha system is "Megha Noi" which means impairment in the blood stream like that of a cloud burst. It may be due to microbiological or accumulation of poisonous products due to malnutrition and chemical and physical changes in food assimilation. In siddha medical works cancer is defined as 'putru Noi'.

### Treatment

There are remedial herbs or plants to be taken for days for the purification of blood forming organs and such process is extended to guard against the formation of cancerous cells. The active principle of the chemical constituents is to be assessed and confirmed. The anti cancer syrup in siddha system is named as "Anti cancer Elixir 75". It assists in the defence against infection, proliferative and malignant neoplastic disorders of the blood. It reduces the evils of chemical poisons, if any, occurring in blood due to environmental factors and purifies the blood.[9] It improves the effective functioning of the spleen, liver and lymph nodes which avoids the incidence of enlargement of these organs resulting in anaemia and hemorrhage etc. In short it strengthens the resistance power of the blood against infections and poisons and ensures effective functioning of the heart.

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9 V.A. Devasenapathi, ***Saiva Siddhantam***, University of Madras (Chennai, 1939), p.79-80.

**Basic formula**

Anti Cancer elixir 75' is based on research on the ancient pharmacopoeia of siddhar kalpa of medicine. The elixir contains valuable pharmacological properties, such as :

1. Guru Kalpa plants
2. Guru mercury (calcinated powder)
3. Guru Arseno sulphur (calcinated powder)
4. Guru Gold (calcinated powder)
5. Guru salt (calcinated sodium chloride)

The effectiveness of this syrup lies in the combination of a group of kalpa medicinal plants with calcination process of purified inorganic mercury, arsenic, sulphur, gold and salt already described in the preceding chapters as `siddhar methods'.

This anti cancer elixir is highly recommended for the effective treatment related to all kinds of diseases of the blood including leukemias and cancer of the lung, liver, stomach, digestive tract, kidney etc., and all kinds of infections, poisons etc., in circulatory system of the blood. It is really amazing to know that even before attempts were made by modern medical scientists to cure cancer, the indigenous system tried to find solution for the disease.

## 5. Child Diseases - Paediatrics and Siddha's Role

The diseases of the children are classified according to the causes as external and internal. Immediately after birth the child may develop the following conditions.

1. Crying continuously
2. Abdominal distension
3. Hiccough
4. Regurgitation
5. Refusal to feeding
6. Constipation
7. Failure to pass urine.

Most of the above conditions are corrected by making the child feed from the breast after applying glycyrrhiza glabra (liquorice) to the breast. Rashes appear in the skin in the first three months. Gorosara (cows pith) mixed with breast milk is the drug of choice.

Signs of diarrhoea and dehydration appear in the second three months. Rehydration and pill made of liquorice, *Beriberi's aristata, Aconiturn heterophyllum, Cyperus rotundus, Acorus calamus, Terminalia chebula* and *Aquilloria agallocha* are the best treatments from the first year to the third year of life. When the child develops lethargy due to malnutrition[10] proper feeding along with carminative medicines are very helpful. If the above condition is not

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[10] K.S. Murugesa Mudaliar, ***Siddha Toxicology*** (Chennai, 1999), p.117-129.

properly treated the child develops respiratory illness which causes Dyspnoea, altered respiratory system.[11]

## 6. Constipation and its treatment in Siddha medicine

The obstacle in prolonging the life span is constipation. The very first injunction under the Siddha system is that the bowel should be completely cleaned and evacuated. Enemas are used to promote bowel evacuation by softening the face and lubricating the rectal mucosa. The principal type of lubricating enemas is the juice of *Aloe indica* mixed with castor oil.

### Laxative

The popular drug in Kayakalpa used as laxative is *Terminalia chebula*. The virtue is highly appreciated by siddhas and used against all internal ailments. A decoction of Myrobalans (Terminalia chebula) is a safe and mild purgative unattended by grinping or other ill effects.

### To tone up the entire system

Siddha medicine offers to tone up the entire system and thereby strengthening the patient against all the other opportunistic infections.

(a) After completion of the above course, the next drug to be taken *Piper nigrum* (Milagu). Black pepper is one of the important ingredients in indigenous medicine of India. In the Kayakalpa treatment, pepper has to be taken daily up to five numbers with 'amuri' or any other suitable

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[11] ***Pathinen Siddhar, Pathinen Siddhar Nadinool*** (Chennai, 1943), pp.17-19.

media. It should be increased at the rate of 5 per day to reach up to the maximum of one hundred.

(b) The next one is Karanthai. This is a general term used in Tamil for basil plant. There are 19 different kinds in these species. The most important among them for therapeutic use are *Sphareanthus indicus, S. hirtus* and *S. zeylanicus*.

(c) The thick bottom stems of *Tinospora cordifolia* (Sindi kodi) are purified according to siddha system. The starch from this moon creeper, is made into fine powder and sugar is added in the ratio of 4:1 and mixed well.

(d) The ripe back of *Azadirachta indica* Margosa (Vembo) of one hundred years old is taken the bark purified by making into fine powder and soaking it in the juice of *Abrus precatorius* with black seeds (Karun Kuntic) and allowed it to dry. The soaking process is repeated for a number of times. Powdered sugar is added in the ratio 8:1 and mixed well.

(e) Equal quantity of each of the following herbs. *Eclipta prostrata Coldenia precumbens*, *Siro serupadai* small variety are to be taken, powdered, boiled on slow fire and brought to the consistency of thick syrup. At the end honey is added and mixed well.

(f) Equal Quantity of the roots of the *Indigofera aspalathoides* (Sivanar vembu) and the seeds of *Celastrus paniculatus* (Valuluvai) should be powdered first. Prepare medicinal oil first. It is called Kuzhi Thailam in

Tamil. *Cuminum cyminum* (Siragam) is added with sufficient powdered sugar and mixed well.

(g) Equal parts of each of the following herbs, *Solanum trilobatum* (Dhuthuvalai), *Allanguikim salvifolium* (Atingil), seeds of *Celastrus paniculatus* (Valuvai), *Myristica fragrants* (Jadikkai) roots of the *Plumbago indica* (or *Zeylanica chitramulam*), Rhizomes of *Curculigo orchioides* (Nilapanai Kilangu), Golden coloured flowers of *Cassia fistula* (Porkontroni) are taken and fine powder is made of all the eight drugs.

Indications: Appetizer: Aphrodisiac, Expels gas from the stomach, improves digestive system, stimulates muscular tissues, the secretion of sweat, urine and bile stimulant action on the nervous system, stimulates muscular tissues, the secretion of sweat, urine and bile stimulant action on the nervous system.[12]

(h) Take the eggs of black fowls, keep them within a heap of rock salt in an earthern pot and close the mouth completely air tight. Let it be then buried into the earth for two months, for condensation of the eggs. After taking the pot out of the pit, each egg should be boiled in the juice of the root of the *Corallocarpus epigneus* (Akosa gourd in Kilango). Remove the outer shell of the egg and have it tasted before use. This is used to tone up the genito endocrine system.

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[12] Dymock, Warden and Hooper, ***Journal of Pharmacology*** (London, 1884), No.11, p.258.

## 7. Siddha Medicine for Dental Care

A majority of people neglect oral hygiene and dental care and suffer from many dental diseases which finally results in the loss of the teeth. The unhealthy state of our teeth and gingival not only causes pain but also facilitates the spread of infection through the blood stream to other parts of the body. It affects the general health of the individual.

Karuvel (*Acacia arabica*), Vembu (*Melia azadirachta*), Aal (*Ficus bengalensis*) and Nayuruvi (*Achyranthes*) are the plants recommended in Pathartha guna Sinthamani (a Tamil work).

According to this *Ficus bengalensis* and *Acacia arabica* are important to strengthen the gingival.

In conditions such as gingivitis, glossitis, indigestion, chest pain, headache, bronchial asthma, tuberculosis,[13] there are various tooth powders, which are recommended in Siddha medical books. They are described briefly as follows.

1. Burnt bark of *Acacia arabica* and burnt almond shell are powdered and mixed with salt to make a god tooth powder.
2. Dried and powdered tender leaves of *Melia azadirachta* form a good tooth powder.
3. Thriphala choornam: Kadukkai (*Terminalia chebula*), Nellikai (*Embelica officinalis*) and Thandrikkai (*Terminalia belerica*) in

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[13] ***Wealth of India*** (Delhi, 1948), p.141.

equal quantity are powdered and used as tooth powder. It clears the inflammation of gingival and strength the gingival.

4. Dried leaves of Pudina (*Mentha arvensis* L) is powdered and used as tooth powder.

5. Powdered bark of *Terminalia arjuna* W & A is used as tooth powder.

6. Kalnar parpam (calcium silicate) is a good powder, which strengthens the teeth.

**i.** A decoction prepared using the bark of *Acacia arabica* is useful as a gargle for spongy gums.

**ii. Pee Karuvel - *Acacia farnensiana***

Decoction of the bark together with ginger is an astringent wash for teeth and it is useful in arresting bleeding gums.

**iii.** ***Acacia catechu* Willed**, nutmeg, camphor and Arecanut cardamom-2 parts are powdered and gum of *Acacia arabica* Willed added to make a bolus to be kept in the mouth in affections of gingival, teeth, tongue and palate.

**iv. *Acacia speciosa***

Powdered root bark of *Acacia speciosa* is used to strengthen gingival when they are spongy and ulcerative.

v. Arecanut is powdered and mixed with equal quantity of Kasukkatti, Induppu, Omam and Padikaram (Alum). This is used as a prophylactic medicine for pyorrhea, inflammation of gingival, and bad breathe.

vi. **Akkarakaram** (*Anacyclus pyrethrum* DC)

A decoction of the root of *Anacyclus pyrethrum* DC is useful as a gargle in caries teeth, toothache, sore throat, and tonsillitis.

vii. **Kandangkathiri** *(Solanum xanthocarpum)*

Fumigation with the vapour of the burnt seeds of *Solanum xanthocarpum* is reputed to cure toothache.

viii. **Magizh** *(Mimusops elengi)*

The decoction is useful as a gargle in diseases of gingival and teeth and to strengthen them.

ix. **Vila** *(Feronia elephantum)*

Bulbs of the ripe fruit are useful in gingival and throat infections.

x. Dried coconut kernel and root of Dalmia - extensa R. are cut into thin slices. Oil is extracted from this mixer by keeping it in the sun. This oil is mixed with camphor and used externally for strengthening the teeth and the gingival.[14]

xi. For the mobility of the tooth-ache a decoction prepared using the bark of *Eugenisa jambolena* (Naval pattai can be used as a gargle).

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[14] R.N. Chopra, ***Glossary of Indian Medicinal Plants*** (Delhi, 1954), p.241.

**xii.** Burnt epicarp of Thandrikkai is powdered and mixed with brown sugar. Four grams of this powder is given two times a day for toothache.

**xiii.** Salt-water gargle is a common remedy in inflammatory conditions of gingival and throat.

**xiv.** Common salt and Kadukkai choornam is mixed and taken with water for gingivitis, glossitis, toothache and mobility of the tooth.

**xv.** Oil extracted from clove by distillation process can be used externally for toothache.

The other important herbs used in dental hygiene and in dental diseases include the following :

**Karuvel** *(Acacia arabica* Willd)

The root bark of Karuvel is astringent and demulcent. It contains tannin 12 to 20%.

**Vembu** *(Melia azadirachta* L.) Neem

The bark of Vembu (Neem) is a good bitter tonic and astringent. Tannin occurs in the outer portion of the bark. Mibidin, the bitter principle component, in neem oil is highly bitter and contains sulphur.[15] Nimbidin preparations are reported to be efficacious in skin diseases, septic sore, bleeding gums and pyorrhea.

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[15] ***Indian Journal of Medical Research*** (New Delhi, 1981), p.248.

**Aal** *(Ficus bengalensis)*

The bark is a tonic and astringent. It contains 1% tannin. And antibacterial principles.

**In Thriphala choornam**

All the three ingredients of Thriphala choornam contain tannic acid at various percentages. The use of this powder prevents dental decay and diseases associated with dental decay.

**Kadukkai** *(Terminalia chebula)*

The tannic acid content in Kadukkai (Terminalia chebula) is 20-40%. Therefore the use of Kadukkai to clean teeth is good remedial and preventive measure of dental diseases.

Agasthiyar describes 18 varieties of medicines for the 18 types of functional psychoses mentioned. In addition to this, he also describes a general medicine for all the clinical varieties. There are also other Siddha literature which list out the diseases and cures for them. The following literary works in this regard are of importance to mention here.

**Vaithiya Sara Sangiraham**

It is a compilation work of different Siddhars. It refers to different types of treatment for different varieties of mental illness.[16]

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[16] Thirumoolar, ***Thirumoolar Thirumandhiram - 8000***, p.289.

**Pulippani 500**

In this book, preparations of human skull are indicated for Schizophrenia. The usefulness of this drug in the treatment of Schizophrenia has already been established scientifically.

**Mapurana perunoon vagatam**

This book refers that there are 3 types of piramai diseases for which gandhaga parpam (purified sulphur) can be administered with different vehicles.

## 8. Siddha Medicine for Diabetes

Deducing the composition of appu (water) and Prithivi (earth) give rise to sweetness among all the six different tastes. If there is excess of sweetness in the body it will be excreted in the urine. If urine contains sugar, it is called as Neerizhivu (Diabetes Mellitus). It is also known as Madhumegam. The modern terminology for this disease owes its origin to the Greek word Diabetes - Siphon and mellitus-honey-sweet (i.e.), the sweetness is present in the urine. Diabetes is popularly known as Neerizhivu as per Siddha system of medicine. Siddhars also named this disease on par with the modern terminology. It is characterized by an inordinate discharge of the urine containing sugar accompanied by thirst together with loss of strength. The real cause of this disease is the malfunctioning of pancreas. This disease in general is more prevalent among people of rather higher strata of the society with sedentary jobs. Also these persons seem to consume an excessive dose of food rich in carbohydrates, sweet and fat. Diabetes, as described by Siddhars, also in weak physical bodies occurs

due to excessive indulgence in sex which results in total loss of strength in the body as a whole including the nervous system.

**Signs and Symptoms**

The principal symptoms of Neerizhivu are poly urea, intense thirst (poly dyspepsia) and increased appetite (poly phagia), passing urine slightly yellow in color, pain in the external genital organs, loss of weight and pale in complexion. If the urine is heated, the sweet odor will be perceivable and sediments are observed. The other symptoms are incoherent speech, pain all over the body, typonea and excessive sweating with bad odor, giddiness, vomiting, tastelessness and sleeplessness. The urine may or may not contain sugar. In the former case, it is called Madhumegam (Diabetes Mellitus) and in the latter it is known as Athi Moothiram (Diabetes insipidus). In the case of diabetes mellitus the patient's skin becomes dry and the bowles costive. The patient also suffers from acute burning sensation of the body. As the disease becomes chronic, pulse becomes feeble; he or she develops pain in the loins and on the sides.[17] The appetite slowly decreases. The feet begin to sweat, women experience intense itching in genitals and men suffer from balanitis. The patients also tend to suffer from cataract, diabetic coma and carbuncle. This is well illustrated by the ten avathaigal.

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[17] M. Shanmuga Velu, ***Noikallukku Siddha Parigaram*** (Chennai, 1976), pp.12-15.

**Treatment**

Once diabetes has been diagnosed the following herbal siddha preparations seem to be useful. Remedies used include the following in Siddha medicine :

Tiperlasa which consists of 1. Gomothira Sila Sathu 2. Abraka chendooram 3. Abraka Bhaspam and Metals like 1. Iron preparation 2. Ekku (Steel) 3. Velli chendooram 5. Thanga parpam 6. Thanga chendooram.

**General precautions**

In the care of the patient, it is essential to maintain general health and nutrition. While taking the elixir, additional quantity of milk, ghee, butter and other nutritive foods that are easily digestible are recommended. The use of salt in diet and smoking of tobacco etc. that vitiate the effectiveness of elixir must be avoided. On the day prior to the administration of the elixir, it is preferable for the patient to have some kind of laxative.

**9. Eye diseases and Siddha Treatment**

Eye is the most vital organ of perception. Eye is considered to be the component of the bhoodha fire. Description of a normal eye, its care, its disease pertaining to the eye its cure, ophthalmic surgery finds a place in Agasthiya Nayana vidhi and Nagamuni Nayan vidhi. The Siddhar's knowledge of ophthalmology is very vast, which makes us think that it's a special branch of medicine. An eye is said to be normal if the conjugation is clear without

reddishness, clear like crystal, the cornea is black and the examiners face reflects in the pupil of the examinee.

**Classification of eye disease**

According to Nagamuni, a Siddhar, disease that effect cornea are forty five, i.e. conjunctiva-20 and lids-16. The explanation given by Siddhars for some eye diseases are identical to modern ophthalmology. Cataract (Kasam), Pterygium (Nagapadalam), Vitreuos pacities (Suchalvandridhal), Ulcerative blepharitis (Mair puzhuvettu), Ophthalmia neonatorum (Amarum) and Trichiasis (Mudamir) are the diseases that are so explained in Siddha medicine.[18]

**Drugs used in ophthalmology**

*Thalictrum foliolosum, Pongamia glabra, Tebernoe montania, Coronaria, Sesbania grandiflora, Glycyrrhizaglabra, Wedelia calendulacea, Eclipta alba, Alternanthera sessilis, Hibiscus Rosa sinensis, Mimosa pudica, Azadiracta indica, Strychnos potatorum, Conch, Alum* are some of the medicines used in Ophthalmology. Rice sugar or rice gruel, bread, fruit juice, buttermilk, budget coconut water, glucose are supplied as diet or suppliers.

Giddiness, dark yellow coloured urine, and loss of appetite, upper abdominal pain appears in order, nausea, vomiting and fever appear in most of the cases.

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18 A.G. Ganapathy, ***Indigenous Herbal Medicines to cure "Vettai Noi"*** (Chennai, 1949), p.77-79.

The salts and bile pigments in urine are seen in all the area. It is significant to note that Bile salts disappear from the urine earlier than Bile pigments. For example at the end of the 1st week of treatment there is 65% of Bile Salts observed with only 45% of Bile pigments clearance. This signifies that the liver function shows rapid improvement.

## 10. Mental Diseases

Psychiatry which is called `Kirigai Maruthuvam' was a separate entity and was popular in those days. Siddhars had sound knowledge on mind, its power, its nature and its disorders, because of their attainment of the siddhi (achievement was through Yoga i.e. mental concentration).

### Science of mind

According to Siddha system of medicine mind is defined, as it is not only the ordinary mind, the faculty of memory or as to what a person thinks about any subject or question. They defined the mind in the wider sense of the term, as simply the individualized consciousness with its three aspects, intelligence (cognition), desire and activity. A mixture of cognition and activity is called `Manam', the active mind. The cognition, and will or desire is called AKANKARAM i.e. the assertion of I in man-cognition reflecting impurity is known, as `Buddhi', the pure reason. The summation of the three viz., cognition, desire and activity taken together is consciousness, known as Chittam.

It has five stages, first and second stages occur in child and youth. In its third stage man gains the power of discrimination i.e. vivekam in its fourth stage

the man chooses one idea and fixes his mind on it (i.e. Ekakram). In the fifth stage he gains self-control.

**Man of Slender and Tall Body (Vali Iyya udal)**

According to Siddha treatment of mental disorders the physical constitution of human beings are categorised first. Each category has certain mental features and the disorders are treated accordingly. Person of slender and tall body, walks with a noise. He is black in colour has thick eyelids and sunken eyes with muddy conjunctiva. His looks may be dull, his hair is black and dry, has tendency of over eating, but he is usually weak, has liking for sour, salty and warm foods. He is inconsistent in speech diet and emotions, has inadequate sexual feeling, and likes to humiliate others, interested in play, music, physical exercises and hunting. He is hostile, unsympathetic and below average in intelligence.[19]

**Moderately Built Man (Azhal udal)**

This type of person is moderately built, skin is fair and warm, has reddish face, palm and sole. He will have sparse brown hair with impressive look, will have excessive thirst and hunger. Liking for sweet, bitter and cold food, moderate in sexual, heroic and aggressive tendencies, talkative, sympathetic and modest. He is intelligent and respects morality.

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[19] Jeyaramakrishnan, ***Psychiatry in Siddha system of medicine*** (Chennai, 1983), p.115-119.

**Flabby Man (Iyya udal)**

This person is obese in physique with long upper extremities, broad forehead and chest, has dark dense eye-lashes with lustrous eye, skin is shining, walks like an elephant with voice like a roar of a lion has liking for bitter astringent, pungent and hot foods. He eats excessively and enjoys eating, has good strength and more endurance, constructive, tolerant to hunger, thirst, sorrow, fear and heat. Sexually more potent and highly modest and sociable. He will have profound and deep knowledge about things and persons. He will develop friendship with others. He is kind, faithful and respectful with elders. He is firm in his decision. He has faith in morality, gratefulness and will be sympathetic. He has good sleep and panoramic dreams.

**Western approach to psychiatry in early period**

People in the west had not recognized this mental illness as a separate entity in early period. They were plagued with the theory of Demonology and evil spirits. They adapted cruel methods as part of the treatment. Only Hippocrates (460-375 AD) made a breakthrough and stressed the necessity of the scientific approach of the psychiatric patients. His followers like Aristotle, Plato, and Galen also laid greater importance for his school and approached these patients, scientifically.[20]

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[20] Somasundaram and Jayaramakrishnan, ***Mana noyum indraya maruthuvamum*** (Chennai, 1972) p.44.

**Classification of mental disorder**

Modern science has classified mental disorders mainly into two groups namely organic brain syndrome and functional disorders. Further the functional disorders were classified as neuroses and psychoses.

Schizophrenia, depression and mania are the diseases, which fall under psychoses. Diseases like anxiety, neurosis, hysterical neurosis, obsessive - compulsive neurosis, phobic neurosis and depressive neurosis are classified under neuroses.

**Organic brain syndrome**

Organic brain syndrome is classified into

a) Acute brain syndrome or delirium

b) Sub acute brain syndrome

c) Chronic brain syndrome or dementia.

**General etiology of mental diseases**

The Siddhars approved of the possible predisposition to mental illness due to constitutional make up, seasonal variation and other variables like dietary habits, age and sex of individuals. They discarded the theory of demonology with which the west was plagued for several centuries. Siddhar's approach is more scientific and could be seen from the etiology enumerated by them. Just to highlight one of them, we enumerated the etiological descriptions of mental illness as given by Agasthiyar in his work - Agasthiyar kanagamani Nooru. The

description encompasses hereditary, environmental, socio-cultural, physiological, toxic and psychological spheres.

The following are the causes described. Excessive anger, sexual perversion, impounding guilt, offensive smell, and fumes of cremation, sleeplessness, conflict, agitation, worry, sudden loss of wealth due to robbery, fear of enemy, exhaustion due to wandering, excessive salivating, toxic substances, loathing or experiences at the sight of impure and disgusting object of scene, constant suffering due to anti-social element, bereavement, excessive desire and improper practice of Raja yoga, drug dependence like ganja and abini, curse due to Godman or ascetic, blameworthy activity, fear of higher authority, exposure of one's fraudulent, deceitful, cruel, malicious and cunning activities, forceful retention of urine and motion, deceiving and running a refuge, off shoots of karma of previous incarnation and seasonal changes.[21]

## Clinical varieties

Siddha system of medicine as already discussed, classified the clinical variety of mental illness based on the symptomatology. A closer scrutiny reveals a very good scope of correlation with modern clinical variety of mental illness like schizophrenia, mania, depression, convulsive disorders, neurotic illness, drug dependence, toxic psychosis etc.

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[21] T.V. Sambasiva Pillai, ***Introduction - Tamil, English Dictionary*** (Chennai, 1931), p.117.

In Siddha system of medicine many treatises are available on clinical varieties. Among them Agastiyar kirigai Nool-64 and Yoogi chintamani-800 and Therayar Vaadagam are noteworthy.

**Schizophrenia: Catatonic withdrawal state**

Among the 18 varieties mentioned, the 4 vedakirigai, the 5 Sletpana kirigai, the 13 Alar kirigai, and the 15 Moodukirigai describe the clinical symptoms of catatonical withdrawal state. The symptoms described are Mutism lying on the floor, chillness of the body, wandering and muttering at times, mannerism, sleeplessness, bewildered look, frequent removal of clothes, abusing and biting others, rolling on the floor etc.

**Chronic schizophrenia**

Clinical symptoms like saluting other men and even animals, collecting and eating rubbish, tearing the clothes and becoming naked, smearing the motion and urine over the body, rolling on the rubbish, banging on the wall, pouring water on his head, drenching in the rain, obeying the commands of others badly, neglecting food and hygiene, biting others, pelting stones, weeping, abusing and assaulting others, etc.

**Mania**

The symptoms of mania include excitement like embracing others, angry with the crowd, running, jumping, and wandering tendencies, spitting on others,

abusing, sexual aggression, laughing on seeing females, excessive talking, neglecting food, exhilaration, making fun of others, dancing, and singing.[22]

**Depressive psychoses**

The symptoms of psychotic depression is described vividly under the heading Vihara pitham, the symptoms described are sitting alone, not talking with anybody, dehydration, loss of energy, loss of courage, loss of appetite, wandering at times, sleeplessness, frequent loss of memory and hypochondria symptoms.

**Toxic psychoses**

Toxic psychoses due to extraneous poison is described in Siddha as Nanjuvali. Symptoms like perceptual disturbances, fear, restlessness, bewilderment, and symptoms of other delusional features are described in the Siddha system to determine about this illness.

**Neurosis**

Neurotic conditions like hysteria and depression are described in Siddha treatment under Thimir Vali and Manovali.

**Hysteria**

Hysteria in Siddha is known as Thimirvali. There is a lucid description of hysteria. Symptoms like standing with folded upper limbs, restlessness,

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[22] ***Omdersteport Journal of Veterinary Science*** (London, 1937), p.903.

belching, laughing, dancing and singing, frequent change of posture, embracing others, sleeplessness etc. are described to identify hysteria in Siddha treatment.

**Neurotic depression**

The cause for Neurotic depression with symptoms has been described under the disease Manovali. Symptoms like uneasy feeling, pain in the lower abdomen, epigastric region and hypochondium, headache, pain in the joints, dryness of the mouth, shivering of the body, tremors of head, palpitation, sweating, diarrhoea, choking sensation in the chest and inability to do anything have been described in finding out neurotic depression.

**Convulsive disorders**

A classical description of convulsive disorder is available in Siddha medical literature. Different varieties of convulsive disorders have been described with a note of general etiological factors for them. Among them certain important convulsive disorders are highlighted here.

**i. Grandmal epilepsy**

Under kakkai vali, the following conditions are described. They are staring look, dryness of mouth, irrelevant talk, increased pharyngeal secretion, rolling of eyeball upwards, tonicity of limbs, generalized conversion with frothing in mouth and incontinence of urine and motion.[23]

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[23] V. Narayanaswamy Pillai, ***Siddha Maruthuvam*** (Chennai, 1974), p.207.

### ii. Partial adversive seizure

The description of symptoms like pulling of tongue, inside and facial muscles to one side, rotation of the neck to lateral side etc., has been described.

### iii. Reflex epilepsy

The description of reflex epilepsy precipitated by hot water is given in the verse. This type of epilepsy starts by the contact of hot water either by look or pouring hot water on the head. Convulsion first starts on the facial muscles, with frothing in the mouth. Later develops into a generalized one.

### iv. Febrile fits

It refers to the state of fever with convulsion and convulsion with upper respiratory infection.

### Treatment

The principles of treatment of any physical and mental diseases are based on three entities, viz., Mani, Manthiram and Aviztham.[24]

### Mani

This refers to the application of mercury in solid form. This was considered as omnipotent and superior among all the drugs. The clinical provenance of this treatment has not been well established beyond doubt.

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24 ***Siddha Materia Medica (Mineral Origin)*** by **Government of Tamilnadu** (Chennai, 1972), pp.113-117.

**Manthiram**

It is a word that gives the meaning of power of mind. But as for medicine it is considered in the broad sense as only the will power. Character building, bodybuilding, breath control and concentration of mind through meditation are the essential aspects of manthiram, a psychological treatment even before psychiatry developed as unique treatment for these kinds of human disorders. Even now the rural folk in Tamil Nadu believe in this treatment and find remedy to some extent.

**Aviztham**

The literary meaning of avizham is the liberation of body and mind from the bondage of diseases. It is done by the usage of metals, minerals and herbal preparations as medicines. As far as the treatment of mental illness is concerned, exhaustive and extensive references are available in most of the literatures than the description of mental illness.

**11. Siddha medicine for peptic ulcer**

Valigunmam, with its signs and symptoms as detailed in Siddha literature goes exactly with the modern terminology peptic ulcer. According to Yugimani, Valigunmam is characterized by the following symptoms; the patients suffer from acute pain in the abdomen and pain in the spinal cord and in the lumbar region. The body loses it's energy and becomes dry due to the loss of fat, sounds which resemble that made while churning are heard frequently in the stomach. Though he seems to feel too hungry, he is not able to take proper food

and experiences spasms in the epigastric region. This disease not only affects the physique of a person but the characteristic excruciating pain in the abdomen drives one to the extent of committing suicide. Perhaps the excessive mental agony experienced by the patient is the reason why the terminology `Gunmam' by itself implies the total deterioration in the physical and metal health of the person. Besides, the patient suffer from nausea, vomiting extra-ordinary hunger, back pain, sleeplessness. Peptic ulcer is the result of excessive consumption of astringent food, excessive indulgence of sexual intercourses, excessive intake of roots and spices, unhealthy food habits and emotional imbalance.[25]

Agastiyar in his Agasthiar Kanma Kandam attributes Gunmam to be the cumulative effect of sins committed by an individual like - 1. spoiling the harmony of a family, 2. despicable thoughts, words and action, 3. talking ill of others especially of noble men and 4. not sharing the food with poor and needy. As per the Siddha concept peptic ulcer, the basic abnormality, appears to be the derangement of the metabolism in the stomach and duodenum resulting in malfunctioning of the secretary process of the gastric mucosa. According to the reasons stated above, Pitha, which is responsible for the secretion of the gastric juice gets disturbed. The secretion of the gastric juice normally increases, of course, in some rare cases there is a substantial decrease too resulting in the increased activity of Samana vayu which leads to an abnormal increase in Jadarakini. This in turn induces thapitham (inflammation) of mucous membranes of the stomach and hence the ulcer. The patient is now affected with unbearable pain. This ulcer is referred to a Kukki pun (Peptic ulcer).

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[25] P. Mahadevan, ***Text book of surgery*** (Chennai, 1931), p.739.

## Pharmacological study

The experimental studies showed that Thambira chenduram significantly prevented stray ulcers and steroid induced gastric ulcers in the rats. The drug afforded partial protection in A.S.A. induced lesions in guinea pigs. The drug in 40 mg/kg dose level was found to suppress gastric secretion by 53.98% in stray rats. *In vivo* and *in vitro* tests showed that the test drug possessed significant anti acid activity. Since the drug exhibited significant anti-secretary and antiacid activities with complete protection in pylorus ligated rats ulcer test, the test drug can be regarded as useful therapy in clinical conditions.

## Clinical trial

A clinical trial with patients with typical symptoms were selected. Most of the patients chosen were from the lower strata of the society. They were examined in accordance with siddha protocol and the modern parameters F.T.M. tests, Barium meal x-rays and the routine checkups were done to confirm. Drugs like Centenella asiatica, Pomogranate fruit, Neem, cow's pith are helpful.[26] For a healthy child drugs like Calamus, Dalmia extensa, liquorice should be given in regular interval of time. They seem to feel better and relieved from peptic ulcer after this treatment.

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[26] S. Rajalakshmi, G. Veluchamy, ***The Scope of Kalpha drugs in the control of HIV Infection*** (Chennai, 1954), pp.40-43.

## 12. Siddha medicine for the Skin Diseases

Nowadays skin disease are more prevalent in our country and the main reasons are congestion of population, lack of personal hygiene, immoral social activities, pollution of the environment, nutritional deficiency and defective consumption of food. The manifestation of skin disease is mainly based on either (1) Direct cause of external origin, or 2) predisposed cause of internal origin. The direct cause includes the constitutional disease like diabetis, hepatitis, tuberculosis, Eruptive fevers, Venereal diseases and digestive disorders.

### Skin diseases and their treatment

Skin diseases are one area where allopathy fails or is not advisable due to the profound undesirable side effects due to corticosterol administration. Siddha medicine details each disease type and offers a potent cure for each skin disease.

### Sarumap-pun; (Dermatitis)

This generally represents the inflammatory condition of the skin. There are different types of Sarumap-pun. They are as follows :

### I. Adhir vup-pun (*Dermatitis traumatica*)

This indicates the inflammation of the skin caused by injury. It may vary in their types, like ut-kaayam and vettukayam (contusions and lacerations). In the former the outer layer of the skin will be intact, but a collection of blood may occur below the skin, creating a swelling at that site and in the case of latter the skin will be torn and discharge of blood may occur.

**Treatment for ut-kayam**

Fresh juice Raak kasi madal can be applied externally or a paste prepared by Eratha Bolum (Aloe indica) dissolved in water and slightly heated is also applied with good results.[27]

**Treatment for Vettu-kayam**

Thuvar neer is a good remedy. It is prepared using Arugam pul (Bermuda grass), Maru thonrielai, Kaai-chuk-Katti, Manjal (Turmeric), Kaduk kaai (Chebulic mycobalans), karpooram (Camphor), spirit or alcohol and water.

**II. Thee-pun (*Dermatitis calorica*)**

This constitutes the inflammation of the skin caused by fire, heat or boiling fluids and are usually called as burns and cald.

**Treatment**

The following drugs may be used externally

1. A little turmeric powder.
2. Emulsion of Lin seed oil and lime water.
3. Potato grounded into a finepaste may be applied.
4. Burnt ashes of mango leaves mixed with coconut oil is a good remedy.

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[27] ***Journal of Pharmaceutical Association***, (Delhi, 1946), p.274.

**III. Kulir-pun : (chill-blains or frost bite)**

This is the inflammatory condition of the skin caused by severe cold, with patches of the hands and feet with poor circulation and less sensation.

**Treatment** : Exposure of heat or Fomentation is enough to warm. If necessary a week 2% solution of Alum may be applied externally.

**IV. Azhugup-pun (Dermatitis Gangrenosa)**

Inflammatory condition of the skin caused either by direct contact with irritative drugs, or by the absorption of the drug toxins in the system. In this case the skin lesions may vary according to the drug involved.

**Treatment** : Panja pashana chenduram - For internal use and Virana Sanjivi Thailam for external use.[28]

**V. Nanjup-pun : (Dermatitis medicamentosa)**

Inflammatory condition of the skin caused either by direct contact with irritative drugs, or by the absorption of drug toxins in the system. In this case the skin lesions may vary according to the drug involved.

**Treatment :** Symptomatic treatment either internal or external should be done; and if the drug toxins were to be identified, proper antidotes may be given for the same. Generally white albumen of the egg, black pepper and Avuri Vear (Ingigofera tinctoria) are said to be the common antidotes for all drug poisons.

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[28] P. Mahadevan, ***Text book of surgery*** (Chennai, 1932), pp.739.

If any skin lesions were to be found, "karapaan thailam" may be applied externally.

## VI. Veppu noi-pun : (Exanthemata)

This includes the eruptions caused in Measles, and other eruptive fevers. Measles are common in children. Eruptions appear on the 4$^{th}$ day of the hyper pyrexia with hacking cough and catarrhal inflammation of the respiratory tract. The cutaneous lesions are of the specific type, starting in the face, then extending down to the other parts of the body and has it' own self limited course.

**Treatment (internal) :** Tender leaves of neem and the fine powder of Adi maduram (*Glyceriza glabra*) in equal parts grinded and prepared pills of pepper size. 1-2 pills with the juice of Thulasi leaves and honey can be given three times a day. For a period of 7-10 days.

**Treatment (external) :** For the skin lesions a paste of neem leaves and turmeric powder can be applied externally. Similarly in adults, certain types of fevers like Malaria, Typhoid, Influenza, Meningitis can also manifest some skin lesions, a part of their duty, due to toxins developed during the process. The lesions are usually of Erythmic type and appear on the trunk of the body; and the treatment varies according to the type of their fever.

### VII. Thinvup-pun (Pruritis and urticaria)

This is a common neurosis of the skin characterized by itching. This is of two types. 1. Thinavu (Pruritis) and 2. Thinavup-pun (Utricaria). In the case of Thinavu no marked skin lesions will be found except the symptom of itching.[29]

**Treatment :** Paste obtained by rubbing red sandalwood with vinegar can be applied externally or paste of turmeric (curcuma Longa) and the juice of Aa daa thoda can also be used as an external remedy. Internally silajit parpam, and seendil srakarai mixed in equal parts can be taken in 500 mgm dose two times a day with milk, for 5-10 days.

In the case of Thinaup-pun reddish elevations with itching will be seen. It may disappear and occur again. A paste of Seemai agatti with lime juice can be applied or a mixture of sandal wood oil and linseed oil is also applied. Sangu parpam and silajit parpam mixed in equal parts can be taken internally in doses of 500 mgm, twice a day with milk for 10 days.

### VIII. Grandhi : (Venereal ulcers)

This is generally called as a "mega noi", as it is said to be caused by "Meagam", analogous to venereal diseases in modern system. This is of mainly three types. They are :

1. Mega noi - This is usually called as `Vellai' and said to be caused by meagam, with the acute symptoms of burning sensations while passing urine

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[29] Thirumoolar, ***Thirumoolar Nadi Nool*** (Chennai, ND), p.275.

by discharge of white pus, indicating the inflammatory condition of the urinogenital system. Then it manifests it's reflex action on the skin, lymph glands and other parts of the body.

**Treatment :** In acute cases a paste of vallarai elai (Centrella asiatica) or Amman patcharisi mixed with cow's milk for three days will give good relief. In chronic cases Garudan kizhangu ennai or meaganaadhi ennai can be given first for few days.

2. Meaga-pun : This is analogous to syphilitic sores in modern system. In Siddha system it is called meaga Gandhi or grandhi-pun. It first starts with a small red spot like sore on the genital organ and then it takes it's course along the vascular channels an end in system is saturation, with the result skin lesions all over the body with fresh rind of lime juice.

**Treatment :** Erasa Gandhi mezhugu Parangi pattai pathangam sivanar veambukuzhi thailam. Kanthaga parpam 50 gm with parangi choornam - 500 mg can be taken two times a day with milk for 20-40 days.

3. Korukkup-pun : This is an ulcer seen on the genital organs of both sexes, but differs from the chancre sore found in syphilis.[30] This may be either idiopathic or venereal. In siddha system all the three types of grandhip-pun is said to be caused by 'Meagam', a pure systemic disease. 'Meagam' - in siddha system is said to be originated by excessive heat in the organisms, due to increased pitha. This 'Meagam' is compared to the clouds in the sky, which is

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[30] ***Butterworths Medical Dictionary*** (1935), p.774.

formed by the vaporization of the water in the earth, by the solar heat, and result in showers.

**Treatment :** Treatment for Korukku-pun is the same as for meagup-pun.[31]

**IX. Paru (Acne)** : This is acute or chronic disease with the symptoms of small papules or pustules and of two types 1. Mugap-paru (Acne simplex) and 2. Mudir-paru (ane indurata) 2. Mugap-pun is common in youths and occurs usually on the face, especially during the age of puberty. Mudir paru is always chronic in nature and occurs between the age of 20-40, and is more commonly seen on the neck and back.

**Treatment :** Fresh rind of lime fruit may be rubbed on the affected parts. Extract of Marutham pattai, mixed with vinegar can be applied externally. A paste of kattu cheeragam with vinegar is also a good remedy.

## 13. Siddha Medicine for Viral Hepatitis

Acute infectious Hepatitis is also known as Viral Hepatitis because it is caused by viral infections. It is prevalent throughout the world and has been recognized as a separate disease. The main manifestation of Icterus being yellow discoloration of the conjunctive, skin, mucous membrane, nail, urine and neat etc. Sage Agasthiar and others describe it in ancient siddha textbooks as "Kamalai". Thirteen varieties have been mentioned in detail with aetiology, signs, symptoms and treatment. In modern medicine, classification is done as

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[31] C. Kannuswamy, ***Kannuswamy Parambarai Vaithiyam*** (Chennai, 1912), p.15-17.

per the type of virus responsible for the infections. Virus A, virus B and virus non-A and virus non-B that is heterogeneous group. The last group would only be about less than 10%. Unfortunately it is not a notifiable disease in India and hence there is paucity of statistical information regarding its incidence.

Dr. Tandon, head of the Gastroenterology Department of A.I.I.M.S., New Delhi, has also rightly pointed out that there is no cure for it in modern medicine. If it is allowed to run its course, 2% of the cases develop severe chronic hepatic destruction and fatal hepatic failure. As no specific therapy is available in modern medicine, a large number of indigenous drugs are being widely advocated for the rapid cure of infectious hepatitis within a period of one to two weeks depending upon the severity of the condition. These herbal remedies have no side effects or after effects either short range or long range. The present study, forms part of clinical investigations conducted to evaluate the efficacy of a common leaf very freely available all over the country, Ricinus communis of Siddha system of medicine of Infectious Hepatitis.[32]

A clinical study was conducted and the patients were selected from the out-patient section of Central Research Institute (Siddha) and were treated in the in-patient department. Routine clinical and laboratory examinations were carried out. The duration of the treatment was fixed as 28 days. Fresh Ricinus Communis leaves were ground into a paste and administered as 5 gm doses twice daily followed by water.

[32] Somasundaram and Jayaramakrishnan, ***Mana Noyum Indraya Maruthuvamum*** (Chennai, 1936), p.44.

All the cases treated showed jaundice either in mild, moderate or severe forms.

During selection of cases, other types of Jaundice caused by obstructions due to Round worm infestations, gall stones, Bengin and Malignant growths, haemolytic type due to toxins and drugs are deleted not only by routine general examination but also by specific special investigations such as cholycystogram Barium series etc., wherever necessary. So all the 20 cases screened and selected are of infectious type probably of only viral aetiology.

The criteria for diagnosis was based on established clinical manifestations supported by laboratory investigations. Emphasis was made, to base the diagnosis according to the Siddha system of medicine and then correlate the findings with the modern medical concepts. The clinical features and laboratory findings were progressively evaluated every week for 4 weeks to assess the cure. Envagi Thervu (Eight methods of diagnosis-siddha diagnostic methods) and biochemical investigations viz., routine blood, motion, urine examinations, serum bilirubin, Icteric index, thymol turbidity and serum cholesterol (Early 1969) were done in all cases before and after admission.[33] The methodology adopted in the treatment of this disease was based on the Siddha concept. The main Dosha affected in infectious hepatitis is pitham. The vitiated pitham in association with Kapham is responsible for the onset of this disease. The vayu affected in this disease is vyana and the Chathu is Raktham. The principle followed in the treatment is to bring the vitiated dhoshas Vayu

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[33] C.S. Utharayan, ***Siddha Maruthuva Churukkam*** (Chennai, 1953), pp.35-37.

and the Raktha Dhathu at their normal state. Emetics and purgatives were recommended whenever necessary.

We have seen that there are many potent cures in the siddha system of medicine for a wide range of diseases. Many common and ordinary people living in both urban and rural areas are benefited from this vast treasure house of Siddha medicine. Thus Siddha medicine not only cures the patients from their various ailments using simple, easily available remedies but also promises them a hope of long, peaceful and healthy life. The cures cited in this chapter are useful and potent for some particular diseases and have been practised and handed down to the posterity from Siddhars through the ages. We have also seen from this chapter the promise of health that Siddha medicine holds for the entire mankind. It is upto us now to familiarize people with our own rich cultural heritage of Siddha medicine.

# Conclusion

# CONCLUSION

Medicine has been taught and practiced in Tamilnadu from time immemorial. The system which is indigenous to the soil is Siddha system of medicine. This system has been developed purely by the contribution of Siddhars on their own line of thinking and achievements in the field of their research. Eventhough certain basic principles of Ayurveda and Siddha are common, their approach is entirely different from each other. This system of medicine, founded by Siddhars, on the basic principles of nature and its elements after careful and thorough study of the human systems continues to be still popular in Tamil Nadu.

The term 'Siddhar' has been derived from the word 'siddhi' which literally means accomplished, achieved or perfected success. It refers to one who had attained his end in spiritual goal. It also refers to a seer, saint or semi-divine being supposed to possess supernatural powers of which only eight are enumerated.

Siddhars were those who lived and maintained their bodies as they desired best. They were capable of enjoying spirituality in their mortal bodies. They were mostly of a Tamil Saiva sect which maintained Siva for its God, and rejected everything else in the Saiva system which was inconsistent with the pure Theism. They had investigated that the body, though transient, was the one and only instrument for attaining success in the Spiritual development and growth; and so, worked out to attain the eight supernatural powers, as Anima, Magima, Lagima, etc. essential for their goal as mentioned in Silapathigaram.

They further realised that, if the body could only be made strong and perfect, they could get rid of birth and death and live for ages together. They were the greatest men who gained powers in themselves by way of Yoga practice and rejuvenation methods.

They further attained Spiritual awakening by rousing with their suppressed breathing, the *Kundalini* (`Serpent power as it is termed) lying dormant at the base of the spinal column in the region of the sacral plexus; and with the help of remedies of high potencies and virtues, consisting of all kinds of drugs, minerals, metallic preparations and poisons. They tried for Elixir of life and endeavoured to conquer all infirmities such as grey hairs, wrinkles of the skin, old age and death. They were a class of popular writers in Tamil in all its branches of knowledge, and many of their works were written in what is called classical Tamil. They were further the greatest scientists in ancient times. Their works in Tamil are valuable.

The Siddhars were mostly Tamilians who were familiar with the wonderful properties of rare drugs peculiar to South India, in their both physiological and psychological aspects. They had investigated and studied fully the cause and effect of disease and all kinds of drugs, mineral and poisons; and thereby came to realise what is beneficial and what was not to their existence in life. They had profound knowledge of the inherent nature and the therapeutic and magnetic effects of different drugs.

They made use not only of certain special medicinal drugs, but also metallic preparations such as Sulphur, Mercury arsenic, gold, magnet, mica etc.

The Siddhars used the medium of literature to impart the knowledge of the healing art and curing of all diseases of mankind. They were in large circulation and remained popular with wide spread study amongst the Tamils of the ancient and medieval periods. It is because of the widespread dissemination of this literature that there can be no village or a household which is not aware of this system of Medicine in Tamil Nadu. It is the fact even today. Every woman knows how best to treat herself and her children with simple remedies and is fully aware of or otherwise acquainted with the uses of `Domestic Medicines' suited to indigenous taste and knowledge. This acquaintance with domestic treatment later became sometimes hereditary.

The Siddha system of medicine of ancient Tamil Nadu survived many dynastic changes such as under the Pallavas, Pandyas and Cholas. It continued to maintain its individuality under the Nayaks, the Marathas, the Nawabs and until the advent of the Europeans in India.

The Nawabs ruled over North Tamil Nadu. Even in this region, as it was elsewhere, there was the individualized Master-pupil system of learning by rote and apprenticeship. There was the preservation of knowledge in palmleaf-manuscripts. It had only resulted in a great proliferation of independent practitioners of varied capabilities. We do not have evidences to the existence of medical schools and organized medical teaching even under the Nawabs. However, medical knowledge lay scattered in myriads of palm-leaf-manuscripts worshipped as heirlooms in professional as well as lay households. Comprehensive textbooks dealing methodically with pathogenesis, diagnosis, prognosis and treatment of diseased states in classified completeness were

lacking. Most of the palmleaf-manuscripts were fragmentary and sectional, dealing with definitions and prescriptions, though here and there mention was made of diagnostic criteria, prognostications and the method of preparation of the drug. Perhaps the original author and the later interpolators intended the manuscript to be a memorandum for their personal use and recorded only those informations which interested them. Examination, certification and licensing were not in vogue. It enabled many a self-styled doctor with meagre knowledge and qualification to indulge in medical practice, and much worse than that, to pass on his whims and fancies as the wisdom of ancient matters. With no way to prove or disprove that claim, such spurious knowledge too gained wide currency, eclipsing the wisdom of the original seers. Even the most learned of the times could not separate the grain from the chaff.

The available herbs and minerals were the materia medica of the period and were of the same kind as those in other systems. Iron for anaemia and Cinchona for Malaria were the two species available at that time. Surgery was rudimentary and confined to the limbs. The interior of the body was considered inviolable. The surgeons were not held in high esteem and they parted company with the barbers.

During King Saraboji's time there was a herbal garden and a pharmaceutical manufactory. The purification of the raw material and the subsequent processing of the preparations were standardized as laid down in the authentic versions of the texts agreed to by the experts. The tablets made there were imprinted with its name and the date of manufacture. Special processes were developed to lengthen greatly the shelf-life of certain medicines and those

medicines made then and bearing the date of manufacture are said to be still in use with the royal descendants in Thanjavur.

For the instruction of his physicians, besides the herbal garden mentioned above, he had the medicinal plants accurately drawn and realistically painted. These paintings which carry explanatory botanical notes have remained fresh till today and can be admired at the Saraswathi Mahal Library where they are kept in a bound volume. He had also got large plates of illustrative anatomical drawings and engravings made and bound for their use. He had the clinical notes of patients illustrated wherever appropriate, with drawings and paintings by master-artists and preserved them for reference and research in bound volumes. Such illustrations of the eye in ophthalmic diseases are exhibited at the Saraswathi Mahal.

The status of India's traditional system of medicine, which had gone down over the years due to neglect was revived during the modern period. The existence of a large stock of manpower in health comprising of traditional practitioners in various systems, for example, Ayurveda, Siddha, Unani, Homeopathy, Yoga, Naturopathy, etc. made the policy makers to plan for utilising it. Further the efforts to provide community health care to all necessitated the exploitation of all the systems of medicine available.

The support for pure training grew amongst the qualified practitioners in the 1960's posing a major issue for policy. The higher cost of integrated courses due to requirements of modern equipment, the tendency to spend too much time on allopathy, the lack of availability of indigenous graduates for rural practices

and inherent incompatibility of the two systems rendered integration difficult. The supporters of integrated training however argued that science was universal. It was thought that the low cost argument of indigenous medicine would promote unscientific practice in rural areas and harm research and development. In fact the indigenous practitioners used western drugs also in the treatment of their patients. Ultimately the Government began to yield to the demand of promoting the indigenous systems of medicine as a separate system from 1970 onwards.

The Government of India constituted the Central Council of Indian Medicine as a statutory body as per the Indian Medicine Central Council Act, 1970. This Council was reconstituted in 1984 and 1995.

State Boards of Indian Medicine also came into being as per the regulation of practice of the Central Council of Indian Medicine. As per the norms of the Central Council of Indian Medicine, the number of undergraduate Colleges for Ayurvedic education had increased from 98 in the year 1982 to 154 in the year 1998 with admission capacity of 3751 to 6300; Colleges for Unani medicine had also increased from 17 with 595 seats in the year 1982 to 31 with 1252 seats in 1998. Colleges for Siddha Medicine increased from 1 with 75 seats in the year 1982 to 2 Colleges with 150 seats in the year 1998.

There remained a wide variation in the State-wise distribution of these educational facilities. Though there was the establishment of educational institutions of Indigenous Systems of Medicine and Health in the country, the standard of education in some of such institutions was far from satisfactory. The

facilities for research and development available in these institutions were inadequate. They are to satisfy the norms fixed by the Statutory Bodies. Apart from these drawbacks there was a mushroom like growth of some sub-standard colleges also. Improvement of methods of education in such institutions alone was thought to produce good practitioners and capable teachers who could earn a good name and credibility for each system.

**The Standardisation and Quality Control of Indian Systems of Medicine Drugs**

The standardisation of drugs and quality control are important factors in the treatment of Indian Systems of Medicine. Pharmacopoeial standards for Ayurveda, Siddha and Unani Medicine, both for single and compound drugs, are an essential item of work. The Ministry of Health and Family Welfare had taken up the task of developing pharmacopoeial standards through pharmacopoeial Committees. Pharmacopoeial standards are important and are mandatory for the implementation of the drug testing provisions under the Drugs and Cosmetics Act. These standards are also essential to check samples of drugs available in the market for their safety and efficacy. Three different Pharmacopoeial Committees are working for preparing official formularies / Pharmacopoeias to evolve uniform standards in the preparation of drugs of Ayurveda, Unani, and Siddha and to prescribe Working Standards for single drugs as well as compound formulations.

The Indian Systems of Medicines Viz. Ayurveda, Siddha, and Unani predominantly use plant-based raw material in most of their preparations and

formulations. The efficacy of medicines of these systems mainly depend upon the use of pure and genuine raw materials obtained from medicinal plants in the manufacture of drugs of these systems. About 2000 medicinal plants are estimated to find use in ISM out of which 600 are more commonly used.

From time immemorial, the forests have been the source for procurement of medicinal plants. During the last few decades, the area under forests has considerably decreased. Whereas the demand for raw material of medicinal plant origin has been increasing due to increased number of users and the resurgence of public interest in Indian System of Medicines, the depletion of the forest resources, particularly of medicinal plants and herbs poses a serious problem to indigenous medicine. Due to continuous exploitation of medicinal plants in forests and the absence of major regular developmental programmes in the forestry and agriculture sectors, a number of species of medicinal plants are reported vulnerable to extinction. This has also resulted in the sorts of prohibition of a number of medicinal plants even for medicinal use.

The Research Councils, viz., (i) Central Council for Research in Ayurveda & Siddha (CCRAS) and (ii) Central Council for Research in Unani Medicine (CCRUM) continued to initiate and guide, develop and coordinate scientific research in different aspects of respective systems, both fundamental and allied. These Councils are the Apex bodies for research in the concerned systems of medicine and are fully financed by the Government of India. These Councils have been reorganised to ensure efficiency and focused research activities. Their research activities are constantly under review. These are done to see that these Councils undertake meaningful research under fixed parameters

within specified period and disseminate research findings for the benefit of educationists, research physicians, manufacturers and common person.

**Central Council for Research in Ayurveda and Siddha**

The Central Council for Research in Ayurveda and Siddha, an autonomous body under the Department of ISM & H, Ministry of Health and Family Welfare, Government of India, is an apex body in India for the formulation, co-ordination, development and promotion of research on scientific lines in Ayurveda and Siddha. The Council carries out its objects and functions through the network of Research Institutes and Centers functioning under its direct control and through a number of Units located in Universities, Ayurveda/Siddha and Modern Medical Colleges etc., in different parts of the country.

The proposal for establishment of National Institute of Siddha (NIS) at Chennai by the Government of India for imparting both UG and PG education in Siddha was approved, in principle, during the 9th five-year Plan period (1997-2002).

NIS has been established as an Apex Institute for Siddha. It is expected to produce best quality physicians, Teachers and Researchers in Siddha. It will be able to standardise the clinical care, education and research in Siddha System of Medicine. In addition, it will be a primary institute for conducting UG and PG courses and contribute to the efforts of improved educational standards in Siddha System and absorption of PGs in research and development work. Government of Tamil Nadu has offered 14.78 acres of land at Tambaram free of

cost. The Government of India has taken the possession of the land and a Society of NIS has been registered in January 1999. During 1998-1999, a sum of Rs.4.00 lakhs was released to NIS, Chennai. The provision under Budget Estimate (Plan) for 1999-2000 was Rs.50.00 lakhs.

The foregoing developments show clearly the status of Siddha Medicine in the modern period in Tamil Nadu. Still people believe in the curative value of Siddha medicine which has survived as a part of the cultural life of the people in Tamil Nadu.

Siddha system of medicine is based on hypothetical and biological laws of nature. The Siddhars were the pioneers in identifying medicinal herbs, minerals and metals. They found out the methods of processing herbs, minerals, metals and natural raw materials. They were the first to make churnams (powdered medicine), chenthurams (treated and easily absorbable powders) and leyhams (thick batter like formulation) etc.

Siddha system of medicine has cures for several diseases. These medicines have been used from time immemorial and are still useful as cures even today for many common ailments. They are popular among the rural and common people who could not afford to spend on costly allopathic treatment. Siddha system has proved beyond doubt that there has been attempt to cure the prototype of AIDS.

Cancer treatment has also been implicated in the Siddha system even before attempts were made by modern scientists to cure cancer.

Siddha system has promising cure for childhood diseases such as Constipation, Dental care, Diabetes, Eye diseases, Skin diseases, Mental diseases, Viral hepatitis and Peptic ulcer.

We have seen that there are many potent cures in the Siddha system of medicine for a wide range of Diseases. Many common and ordinary people living in both urban and rural areas benefited from this vast treasure house of Siddha Medicine. Thus Siddha medicine not only cures the patients from their various ailments using simple, easily available remedies but also promises them a hope of long, peaceful and healthy life. The cures cited in the chapter on Siddha medicine and diseases cured by them portray them. It is upto us now to familiarize people with our own rich cultural heritage of Siddha Medicine.

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